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ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2018  
OF THE CONDITION AND AFFAIRS OF THE

Michigan Complete Health, Inc.

(Name)

NAIC Group Code 01295 (Current Period) , 01295 (Prior Period) NAIC Company Code 10769 Employer's ID Number 30-0312489

Organized under the Laws of Michigan , State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]  
Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ X ]  
Other [ ] Is HMO, Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized 12/09/2004 Commenced Business 07/15/2005

Statutory Home Office 800 Tower Rd., Suite 200 (Street and Number) , Troy, MI, US 48098 (City or Town, State, Country and Zip Code)

Main Administrative Office 7700 Forsyth Boulevard (Street and Number)

Saint Louis, MO, US 63105 (City or Town, State, Country and Zip Code) 314-725-4477 (Area Code) (Telephone Number)

Mail Address 7700 Forsyth Boulevard (Street and Number or P.O. Box) , Saint Louis, MO, US 63105 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7700 Forsyth Boulevard (Street and Number)

Saint Louis, MO, US 63105 (City or Town, State, Country and Zip Code) 314-725-4477 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address http://www.michigancompletehealth.com

Statutory Statement Contact Tanya Marie Ferguson (Name) , 314-725-4477 (Area Code) (Telephone Number) (Extension)

taferguson@centene.com (E-Mail Address) 314-725-4658 (Fax Number)

OFFICERS

| Name              | Title     | Name                    | Title     |
|-------------------|-----------|-------------------------|-----------|
| Amy Williams      | President | Keith Harvey Williamson | Secretary |
| Christopher Isaak | Treasurer |                         |           |

OTHER OFFICERS

|                       |                       |  |  |
|-----------------------|-----------------------|--|--|
| Tricia Lynn Dinkelman | Vice President of Tax |  |  |
|                       |                       |  |  |

DIRECTORS OR TRUSTEES

|              |                   |            |  |
|--------------|-------------------|------------|--|
| Amy Williams | Christopher Isaak | Daryl Pack |  |
|--------------|-------------------|------------|--|

State of Missouri

ss

County of St. Charles

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

|                       |                                      |                                |
|-----------------------|--------------------------------------|--------------------------------|
| Marcie Johnson<br>CEO | Keith Harvey Williamson<br>Secretary | Christopher Isaak<br>Treasurer |
|-----------------------|--------------------------------------|--------------------------------|

Subscribed and sworn to before me this day of ,

a. Is this an original filing? Yes [ X ] No [ ]  
b. If no:  
1. State the amendment number  
2. Date filed  
3. Number of pages attached

ASSETS

|  | Current Year |                    |                                      | Prior Year             |
|--|--------------|--------------------|--------------------------------------|------------------------|
|  | 1            | 2                  | 3                                    | 4                      |
|  | Assets       | Nonadmitted Assets | Net Admitted Assets<br>(Cols. 1 - 2) | Net Admitted<br>Assets |
| 1. Bonds (Schedule D).....   | 1,099,449    |                    | 1,099,449                            | 1,099,593              |
| 2. Stocks (Schedule D):  |              |                    |                                      |                        |
| 2.1 Preferred stocks .....   | .0           |                    | .0                                   | .0                     |
| 2.2 Common stocks .....  | .0           |                    | .0                                   | .0                     |
| 3. Mortgage loans on real estate (Schedule B):   |              |                    |                                      |                        |
| 3.1 First liens .....  |              |                    | .0                                   | .0                     |
| 3.2 Other than first liens .....   |              |                    | .0                                   | .0                     |
| 4. Real estate (Schedule A):   |              |                    |                                      |                        |
| 4.1 Properties occupied by the company (less<br>\$ ..... encumbrances).....  |              |                    | .0                                   | .0                     |
| 4.2 Properties held for the production of income<br>(less \$ ..... encumbrances) .....   |              |                    | .0                                   | .0                     |
| 4.3 Properties held for sale (less<br>\$ ..... encumbrances) .....   |              |                    | .0                                   | .0                     |
| 5. Cash (\$ ..... (696,829) , Schedule E-Part 1), cash equivalents<br>(\$ .....0 , Schedule E-Part 2) and short-term<br>investments (\$ .....0 , Schedule DA)..... | (696,829)    |                    | (696,829)                            | 5,069,863              |
| 6. Contract loans (including \$ ..... premium notes).....  |              |                    | .0                                   | .0                     |
| 7. Derivatives (Schedule DB).....  | .0           |                    | .0                                   | .0                     |
| 8. Other invested assets (Schedule BA) .....   | .0           |                    | .0                                   | .0                     |
| 9. Receivables for securities .....  |              |                    | .0                                   | .0                     |
| 10. Securities lending reinvested collateral assets (Schedule DL).....   |              |                    | .0                                   | .0                     |
| 11. Aggregate write-ins for invested assets .....  | .0           | .0                 | .0                                   | .0                     |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) .....  | 402,620      | .0                 | 402,620                              | 6,169,456              |
| 13. Title plants less \$ ..... charged off (for Title insurers<br>only).....   |              |                    | .0                                   | .0                     |
| 14. Investment income due and accrued .....  | 3,749        |                    | 3,749                                | 1,428                  |
| 15. Premiums and considerations:   |              |                    |                                      |                        |
| 15.1 Uncollected premiums and agents' balances in the course of<br>collection .....  | 2,723,541    |                    | 2,723,541                            | 634,429                |
| 15.2 Deferred premiums, agents' balances and installments booked but<br>deferred and not yet due (including \$ ..... earned<br>but unbilled premiums).....         |              |                    | .0                                   | .0                     |
| 15.3 Accrued retrospective premiums (\$ ..... ) and<br>contracts subject to redetermination (\$ .....1,025,982 ) .....   | 1,025,982    |                    | 1,025,982                            | 598,757                |
| 16. Reinsurance:   |              |                    |                                      |                        |
| 16.1 Amounts recoverable from reinsurers .....   |              |                    | .0                                   | .0                     |
| 16.2 Funds held by or deposited with reinsured companies .....   |              |                    | .0                                   | .0                     |
| 16.3 Other amounts receivable under reinsurance contracts .....  |              |                    | .0                                   | .0                     |
| 17. Amounts receivable relating to uninsured plans .....   | 102,343      |                    | 102,343                              | .0                     |
| 18.1 Current federal and foreign income tax recoverable and interest thereon .....   | 98,009       |                    | 98,009                               | 21,358                 |
| 18.2 Net deferred tax asset.....   |              |                    | .0                                   | .0                     |
| 19. Guaranty funds receivable or on deposit .....  |              |                    | .0                                   | .0                     |
| 20. Electronic data processing equipment and software.....   |              |                    | .0                                   | .0                     |
| 21. Furniture and equipment, including health care delivery assets<br>(\$ ..... ) .....  |              |                    | .0                                   | .0                     |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates .....   |              |                    | .0                                   | .0                     |
| 23. Receivables from parent, subsidiaries and affiliates .....   | 3,865,141    |                    | 3,865,141                            | .0                     |
| 24. Health care (\$ .....2,742,971 ) and other amounts receivable.....   | 4,371,858    | 1,628,887          | 2,742,971                            | 4,561,387              |
| 25. Aggregate write-ins for other-than-invested assets .....   | .0           | .0                 | .0                                   | .0                     |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and<br>Protected Cell Accounts (Lines 12 to 25).....   | 12,593,243   | 1,628,887          | 10,964,356                           | 11,986,815             |
| 27. From Separate Accounts, Segregated Accounts and Protected<br>Cell Accounts.....  |              |                    | .0                                   | .0                     |
| 28. Total (Lines 26 and 27)  | 12,593,243   | 1,628,887          | 10,964,356                           | 11,986,815             |
| DETAILS OF WRITE-INS   |              |                    |                                      |                        |
| 1101. ....   |              |                    | .0                                   | .0                     |
| 1102. ....   |              |                    | .0                                   | .0                     |
| 1103. ....   |              |                    | .0                                   | .0                     |
| 1198. Summary of remaining write-ins for Line 11 from overflow page .....  | .0           | .0                 | .0                                   | .0                     |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)   | 0            | 0                  | 0                                    | 0                      |
| 2501. ....   |              |                    | .0                                   | .0                     |
| 2502. ....   |              |                    | .0                                   | .0                     |
| 2503. ....   |              |                    | .0                                   | .0                     |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....  | .0           | .0                 | .0                                   | .0                     |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)   | 0            | 0                  | 0                                    | 0                      |

LIABILITIES, CAPITAL AND SURPLUS

|  | Current Year |                |             | Prior Year  |
|--|--------------|----------------|-------------|-------------|
|  | 1<br>Covered | 2<br>Uncovered | 3<br>Total  | 4<br>Total  |
| 1. Claims unpaid (less \$ ..... reinsurance ceded)   | 707,605      |                | 707,605     | 1,217,211   |
| 2. Accrued medical incentive pool and bonus amounts .....  |              |                | 0           | 0           |
| 3. Unpaid claims adjustment expenses .....   | 101,456      |                | 101,456     | 81,653      |
| 4. Aggregate health policy reserves, including the liability of<br>\$ ..... for medical loss ratio rebate per the Public<br>Health Service Act.....            |              |                | 0           | 1,068,795   |
| 5. Aggregate life policy reserves .....  |              |                | 0           | 0           |
| 6. Property/casualty unearned premium reserves .....   |              |                | 0           | 0           |
| 7. Aggregate health claim reserves.....  |              |                | 0           | 0           |
| 8. Premiums received in advance .....  |              |                | 0           | 0           |
| 9. General expenses due or accrued .....   | 626,745      |                | 626,745     | 181,309     |
| 10.1 Current federal and foreign income tax payable and interest thereon (including<br>\$ ..... on realized capital gains (losses)).....                       |              |                | 0           | 0           |
| 10.2 Net deferred tax liability .....  |              |                | 0           | 0           |
| 11. Ceded reinsurance premiums payable .....   | 295          |                | 295         | 295         |
| 12. Amounts withheld or retained for the account of others .....   |              |                | 0           | 0           |
| 13. Remittances and items not allocated .....  |              |                | 0           | 0           |
| 14. Borrowed money (including \$ ..... current) and<br>interest thereon \$ ..... (including<br>\$ ..... current) .....   |              |                | 0           | 0           |
| 15. Amounts due to parent, subsidiaries and affiliates .....   |              |                | 0           | 871,875     |
| 16. Derivatives.....   |              | 0              | 0           | 0           |
| 17. Payable for securities .....   |              |                | 0           | 0           |
| 18. Payable for securities lending .....   |              |                | 0           | 0           |
| 19. Funds held under reinsurance treaties (with \$ .....<br>authorized reinsurers, \$ ..... unauthorized<br>reinsurers and \$ ..... certified reinsurers)..... |              |                | 0           | 0           |
| 20. Reinsurance in unauthorized and certified (\$ .....)<br>companies.....   |              |                | 0           | 0           |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates .....  |              |                | 0           | 0           |
| 22. Liability for amounts held under uninsured plans .....   |              |                | 0           | 1,420,416   |
| 23. Aggregate write-ins for other liabilities (including \$ .....<br>current) .....  | 2,978,349    | 0              | 2,978,349   | 21,205      |
| 24. Total liabilities (Lines 1 to 23).....   | 4,414,450    | 0              | 4,414,450   | 4,862,759   |
| 25. Aggregate write-ins for special surplus funds .....  | XXX          | XXX            | 0           | 877,570     |
| 26. Common capital stock .....   | XXX          | XXX            | 1           | 1           |
| 27. Preferred capital stock .....  | XXX          | XXX            |             | 0           |
| 28. Gross paid in and contributed surplus .....  | XXX          | XXX            | 13,824,999  | 7,824,999   |
| 29. Surplus notes .....  | XXX          | XXX            |             | 0           |
| 30. Aggregate write-ins for other-than-special surplus funds .....   | XXX          | XXX            | 0           | 0           |
| 31. Unassigned funds (surplus) .....   | XXX          | XXX            | (7,275,094) | (1,578,512) |
| 32. Less treasury stock, at cost:  |              |                |             |             |
| 32.1 ..... shares common (value included in Line 26<br>\$ ..... ) .....  | XXX          | XXX            |             | 0           |
| 32.2 ..... shares preferred (value included in Line 27<br>\$ ..... ) .....   | XXX          | XXX            |             | 0           |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....   | XXX          | XXX            | 6,549,906   | 7,124,058   |
| 34. Total liabilities, capital and surplus (Lines 24 and 33)   | XXX          | XXX            | 10,964,356  | 11,986,817  |
| DETAILS OF WRITE-INS   |              |                |             |             |
| 2301. State Income Tax Payable.....  | 2,818        |                | 2,818       | 21,205      |
| 2302. Concerto Payable.....  | 2,975,531    |                | 2,975,531   |             |
| 2303. ....   |              |                |             |             |
| 2398. Summary of remaining write-ins for Line 23 from overflow page .....  | 0            | 0              | 0           | 0           |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)   | 2,978,349    | 0              | 2,978,349   | 21,205      |
| 2501. 2018 Health Insurer Fee.....   | XXX          | XXX            |             | 877,570     |
| 2502. ....   | XXX          | XXX            |             |             |
| 2503. ....   | XXX          | XXX            |             |             |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....  | XXX          | XXX            | 0           | 0           |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)   | XXX          | XXX            | 0           | 877,570     |
| 3001. ....   | XXX          | XXX            |             | 0           |
| 3002. ....   | XXX          | XXX            |             | 0           |
| 3003. ....   | XXX          | XXX            |             | 0           |
| 3098. Summary of remaining write-ins for Line 30 from overflow page .....  | XXX          | XXX            | 0           | 0           |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)   | XXX          | XXX            | 0           | 0           |

STATEMENT OF REVENUE AND EXPENSES

|  | Current Year   |             | Prior Year |
|--|----------------|-------------|------------|
|  | 1<br>Uncovered | 2<br>Total  | 3<br>Total |
| 1. Member Months.....  | XXX            | 31,668      | 27,369     |
| 2. Net premium income (including \$ .....0 non-health premium income).....   | XXX            | 63,738,982  | 54,312,766 |
| 3. Change in unearned premium reserves and reserve for rate credits .....  | XXX            |             | 0          |
| 4. Fee-for-service (net of \$ ..... medical expenses) .....  | XXX            |             | 0          |
| 5. Risk revenue .....  | XXX            |             | 0          |
| 6. Aggregate write-ins for other health care related revenues .....  | XXX            | 0           | 0          |
| 7. Aggregate write-ins for other non-health revenues .....   | XXX            | 0           | 0          |
| 8. Total revenues (Lines 2 to 7) .....   | XXX            | 63,738,982  | 54,312,766 |
| <b>Hospital and Medical:</b>   |                |             |            |
| 9. Hospital/medical benefits .....   |                | 49,247,998  | 41,688,698 |
| 10. Other professional services .....  |                | 465,012     | 519,058    |
| 11. Outside referrals .....  |                |             | 0          |
| 12. Emergency room and out-of-area .....   |                | 2,230,378   | 2,001,968  |
| 13. Prescription drugs .....   |                | 3,005,753   | 4,149,757  |
| 14. Aggregate write-ins for other hospital and medical .....   | 0              | 0           | 0          |
| 15. Incentive pool, withhold adjustments and bonus amounts.....  |                | 15,435      | 1,238      |
| 16. Subtotal (Lines 9 to 15) .....   | 0              | 54,964,576  | 48,360,719 |
| <b>Less:</b>   |                |             |            |
| 17. Net reinsurance recoveries .....   |                |             | 0          |
| 18. Total hospital and medical (Lines 16 minus 17) .....   | 0              | 54,964,576  | 48,360,719 |
| 19. Non-health claims (net).....   |                |             | 0          |
| 20. Claims adjustment expenses, including \$ .....21,251 cost containment expenses.....  |                | 791,108     | 616,266    |
| 21. General administrative expenses.....   |                | 14,159,969  | 5,899,991  |
| 22. Increase in reserves for life and accident and health contracts (including<br>\$ ..... increase in reserves for life only).....        |                | (1,068,795) | (656,293)  |
| 23. Total underwriting deductions (Lines 18 through 22) .....  | 0              | 68,846,858  | 54,220,683 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) .....   | XXX            | (5,107,876) | 92,083     |
| 25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....  |                | 22,845      | 12,091     |
| 26. Net realized capital gains (losses) less capital gains tax of \$ .....   |                |             | 0          |
| 27. Net investment gains (losses) (Lines 25 plus 26) .....   | 0              | 22,845      | 12,091     |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered<br>\$ ..... ) (amount charged off \$ ..... )] ..... |                | 0           | 0          |
| 29. Aggregate write-ins for other income or expenses .....   | 0              | 0           | 0          |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes<br>(Lines 24 plus 27 plus 28 plus 29).....      | XXX            | (5,085,031) | 104,174    |
| 31. Federal and foreign income taxes incurred .....  | XXX            | (62,104)    | (532,053)  |
| 32. Net income (loss) (Lines 30 minus 31) .....  | XXX            | (5,022,927) | 636,227    |
| <b>DETAILS OF WRITE-INS</b>  |                |             |            |
| 0601. ....   | XXX            |             | 0          |
| 0602. ....   | XXX            |             |            |
| 0603. ....   | XXX            |             |            |
| 0698. Summary of remaining write-ins for Line 6 from overflow page .....   | XXX            | 0           | 0          |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....  | XXX            | 0           | 0          |
| 0701. ....   | XXX            |             | 0          |
| 0702. ....   | XXX            |             | 0          |
| 0703. ....   | XXX            |             | 0          |
| 0798. Summary of remaining write-ins for Line 7 from overflow page .....   | XXX            | 0           | 0          |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....  | XXX            | 0           | 0          |
| 1401. ....   |                |             | 0          |
| 1402. ....   |                |             | 0          |
| 1403. ....   |                |             | 0          |
| 1498. Summary of remaining write-ins for Line 14 from overflow page .....  | 0              | 0           | 0          |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....   | 0              | 0           | 0          |
| 2901. ....   |                |             | 0          |
| 2902. ....   |                |             |            |
| 2903. ....   |                |             |            |
| 2998. Summary of remaining write-ins for Line 29 from overflow page .....  | 0              | 0           | 0          |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....   | 0              | 0           | 0          |

STATEMENT OF REVENUE AND EXPENSES (Continued)

|  | 1<br>Current Year | 2<br>Prior Year |
|--|-------------------|-----------------|
| <b>CAPITAL &amp; SURPLUS ACCOUNT</b>   |                   |                 |
| 33. Capital and surplus prior reporting year .....                                     | 7,124,058         | 6,541,177       |
| 34. Net income or (loss) from Line 32 .....  | (5,022,927)       | 636,227         |
| 35. Change in valuation basis of aggregate policy and claim reserves .....             |                   | 0               |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ ..... |                   | 0               |
| 37. Change in net unrealized foreign exchange capital gain or (loss) .....             |                   | 0               |
| 38. Change in net deferred income tax .....  |                   | 0               |
| 39. Change in nonadmitted assets .....   | (1,551,228)       | (53,347)        |
| 40. Change in unauthorized and certified reinsurance .....                             | 0                 | 0               |
| 41. Change in treasury stock .....   | 0                 | 0               |
| 42. Change in surplus notes .....  | 0                 | 0               |
| 43. Cumulative effect of changes in accounting principles .....                        |                   | 0               |
| 44. Capital Changes:   |                   |                 |
| 44.1 Paid in .....   | 0                 | 0               |
| 44.2 Transferred from surplus (Stock Dividend) .....                                   |                   | 0               |
| 44.3 Transferred to surplus .....  |                   | 0               |
| 45. Surplus adjustments:   |                   |                 |
| 45.1 Paid in .....   | 6,000,000         | 0               |
| 45.2 Transferred to capital (Stock Dividend) .....                                     | 0                 | 0               |
| 45.3 Transferred from capital .....  |                   | 0               |
| 46. Dividends to stockholders .....  |                   | 0               |
| 47. Aggregate write-ins for gains or (losses) in surplus .....                         | 3                 | 1               |
| 48. Net change in capital and surplus (Lines 34 to 47) .....                           | (574,152)         | 582,881         |
| 49. Capital and surplus end of reporting year (Line 33 plus 48)                        | 6,549,906         | 7,124,058       |
| <b>DETAILS OF WRITE-INS</b>  |                   |                 |
| 4701. Rounding.....  | 3                 | 1               |
| 4702. ....   |                   | 0               |
| 4703. ....   |                   |                 |
| 4798. Summary of remaining write-ins for Line 47 from overflow page .....              | 0                 | 0               |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)                       | 3                 | 1               |

CASH FLOW

| Cash from Operations  |             | 1<br>Current Year | 2<br>Prior Year |
|---|-------------|-------------------|-----------------|
| 1. Premiums collected net of reinsurance .....  | 61,222,646  | 56,131,376        |                 |
| 2. Net investment income .....  | 19,938      | 11,000            |                 |
| 3. Miscellaneous income .....   | 0           | 0                 |                 |
| 4. Total (Lines 1 through 3) .....  | 61,242,584  | 56,142,376        |                 |
| 5. Benefit and loss related payments .....  | 55,206,995  | 47,873,339        |                 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....                    |             | 0                 |                 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions .....                                      | 14,288,463  | 5,379,794         |                 |
| 8. Dividends paid to policyholders .....  |             | 0                 |                 |
| 9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....        | 14,547      | (264,454)         |                 |
| 10. Total (Lines 5 through 9) .....   | 69,510,005  | 52,988,679        |                 |
| 11. Net cash from operations (Line 4 minus Line 10) .....   | (8,267,421) | 3,153,697         |                 |
| Cash from Investments   |             |                   |                 |
| 12. Proceeds from investments sold, matured or repaid:  |             |                   |                 |
| 12.1 Bonds .....  | 1,100,000   | 0                 |                 |
| 12.2 Stocks .....   | 0           | 0                 |                 |
| 12.3 Mortgage loans .....   | 0           | 0                 |                 |
| 12.4 Real estate .....  | 0           | 0                 |                 |
| 12.5 Other invested assets .....  | 0           | 0                 |                 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....                           | 0           | 0                 |                 |
| 12.7 Miscellaneous proceeds .....   | 0           | 0                 |                 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) .....   | 1,100,000   | 0                 |                 |
| 13. Cost of investments acquired (long-term only):  |             |                   |                 |
| 13.1 Bonds .....  | 1,099,270   | 0                 |                 |
| 13.2 Stocks .....   | 0           | 0                 |                 |
| 13.3 Mortgage loans .....   | 0           | 0                 |                 |
| 13.4 Real estate .....  | 0           | 0                 |                 |
| 13.5 Other invested assets .....  | 0           | 0                 |                 |
| 13.6 Miscellaneous applications .....   | 0           | 0                 |                 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) .....  | 1,099,270   | 0                 |                 |
| 14. Net increase (decrease) in contract loans and premium notes .....   | 0           | 0                 |                 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....                                   | 730         | 0                 |                 |
| Cash from Financing and Miscellaneous Sources   |             |                   |                 |
| 16. Cash provided (applied):  |             |                   |                 |
| 16.1 Surplus notes, capital notes .....   | 0           | 0                 |                 |
| 16.2 Capital and paid in surplus, less treasury stock .....   | 2,500,000   | 0                 |                 |
| 16.3 Borrowed funds .....   | 0           | 0                 |                 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities .....                               |             | 0                 |                 |
| 16.5 Dividends to stockholders .....  | 0           | 0                 |                 |
| 16.6 Other cash provided (applied) .....  | 0           | 1                 |                 |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) ..... | 2,500,000   | 1                 |                 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS   |             |                   |                 |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....       | (5,766,691) | 3,153,698         |                 |
| 19. Cash, cash equivalents and short-term investments:  |             |                   |                 |
| 19.1 Beginning of year .....  | 5,069,862   | 1,916,164         |                 |
| 19.2 End of year (Line 18 plus Line 19.1) .....   | (696,829)   | 5,069,862         |                 |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Michigan Complete Health, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

|  | 1           | 2   | 3                      | 4              | 5              | 6  | 7                          | 8                        | 9            | 10                  |
|--|-------------|---|------------------------|----------------|----------------|--|----------------------------|--------------------------|--------------|---------------------|
|  | Total       | Comprehensive<br>(Hospital<br>&<br>Medical) | Medicare<br>Supplement | Dental<br>Only | Vision<br>Only | Federal<br>Employees<br>Health<br>Benefit Plan | Title<br>XVIII<br>Medicare | Title<br>XIX<br>Medicaid | Other Health | Other<br>Non-Health |
| 1. Net premium income .....  | 63,738,982  | 0   | 0                      | 0              | 0              | 0  | 63,738,982                 | 0                        | 0            | 0                   |
| 2. Change in unearned premium reserves and reserve for rate credit .....         | 0           |   |                        |                |                |  |                            |                          |              |                     |
| 3. Fee-for-service (net of \$ ..... medical expenses) .....                      | 0           |   |                        |                |                |  |                            |                          |              | XXX                 |
| 4. Risk revenue.....   | 0           |   |                        |                |                |  |                            |                          |              | XXX                 |
| 5. Aggregate write-ins for other health care related revenues.....               | 0           | 0   | 0                      | 0              | 0              | 0  | 0                          | 0                        | 0            | XXX                 |
| 6. Aggregate write-ins for other non-health care related revenues .....          | 0           | XXX   | XXX                    | XXX            | XXX            | XXX  | XXX                        | XXX                      | XXX          | 0                   |
| 7. Total revenues (Lines 1 to 6) .....   | 63,738,982  | 0   | 0                      | 0              | 0              | 0  | 63,738,982                 | 0                        | 0            | 0                   |
| 8. Hospital/medical benefits .....   | 49,247,998  |   |                        |                |                |  | 49,247,998                 |                          |              | XXX                 |
| 9. Other professional services .....   | 465,012     |   |                        |                |                |  | 465,012                    |                          |              | XXX                 |
| 10. Outside referrals .....  | 0           |   |                        |                |                |  |                            |                          |              | XXX                 |
| 11. Emergency room and out-of-area .....   | 2,230,378   |   |                        |                |                |  | 2,230,378                  |                          |              | XXX                 |
| 12. Prescription drugs .....   | 3,005,753   |   |                        |                |                |  | 3,005,753                  |                          |              | XXX                 |
| 13. Aggregate write-ins for other hospital and medical.....                      | 0           | 0   | 0                      | 0              | 0              | 0  | 0                          | 0                        | 0            | XXX                 |
| 14. Incentive pool, withhold adjustments and bonus amounts.....                  | 15,435      |   |                        |                |                |  | 15,435                     |                          |              | XXX                 |
| 15. Subtotal (Lines 8 to 14) .....   | 54,964,576  | 0   | 0                      | 0              | 0              | 0  | 54,964,576                 | 0                        | 0            | XXX                 |
| 16. Net reinsurance recoveries .....   | 0           |   |                        |                |                |  |                            |                          |              | XXX                 |
| 17. Total hospital and medical (Lines 15 minus 16) .....                         | 54,964,576  | 0   | 0                      | 0              | 0              | 0  | 54,964,576                 | 0                        | 0            | XXX                 |
| 18. Non-health claims (net) .....  | 0           | XXX   | XXX                    | XXX            | XXX            | XXX  | XXX                        | XXX                      | XXX          | 0                   |
| 19. Claims adjustment expenses including \$ ..... cost containment expenses..... | 791,108     |   |                        |                |                |  | 791,108                    |                          |              |                     |
| 20. General administrative expenses .....  | 14,159,969  |   |                        |                |                |  | 14,159,969                 |                          |              |                     |
| 21. Increase in reserves for accident and health contracts .....                 | (1,068,795) |   |                        |                |                |  | (1,068,795)                |                          |              | XXX                 |
| 22. Increase in reserves for life contracts.....                                 | 0           | XXX   | XXX                    | XXX            | XXX            | XXX  | XXX                        | XXX                      | XXX          | 0                   |
| 23. Total underwriting deductions (Lines 17 to 22) .....                         | 68,846,858  | 0   | 0                      | 0              | 0              | 0  | 68,846,858                 | 0                        | 0            | 0                   |
| 24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....                 | (5,107,876) | 0   | 0                      | 0              | 0              | 0  | (5,107,876)                | 0                        | 0            | 0                   |
| DETAILS OF WRITE-INS   |             |   |                        |                |                |  |                            |                          |              |                     |
| 0501. ....   |             |   |                        |                |                |  |                            |                          |              | XXX                 |
| 0502. ....   |             |   |                        |                |                |  |                            |                          |              | XXX                 |
| 0503. ....   |             |   |                        |                |                |  |                            |                          |              | XXX                 |
| 0598. Summary of remaining write-ins for Line 5 from overflow page.....          | 0           | 0   | 0                      | 0              | 0              | 0  | 0                          | 0                        | 0            | XXX                 |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....            | 0           | 0   | 0                      | 0              | 0              | 0  | 0                          | 0                        | 0            | XXX                 |
| 0601. ....   |             | XXX   | XXX                    | XXX            | XXX            | XXX  | XXX                        | XXX                      | XXX          |                     |
| 0602. ....   |             | XXX   | XXX                    | XXX            | XXX            | XXX  | XXX                        | XXX                      | XXX          |                     |
| 0603. ....   |             | XXX   | XXX                    | XXX            | XXX            | XXX  | XXX                        | XXX                      | XXX          |                     |
| 0698. Summary of remaining write-ins for Line 6 from overflow page.....          | 0           | XXX   | XXX                    | XXX            | XXX            | XXX  | XXX                        | XXX                      | XXX          | 0                   |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....            | 0           | XXX   | XXX                    | XXX            | XXX            | XXX  | XXX                        | XXX                      | XXX          | 0                   |
| 1301. ....   |             |   |                        |                |                |  |                            |                          |              | XXX                 |
| 1302. ....   |             |   |                        |                |                |  |                            |                          |              | XXX                 |
| 1303. ....   |             |   |                        |                |                |  |                            |                          |              | XXX                 |
| 1398. Summary of remaining write-ins for Line 13 from overflow page .....        | 0           | 0   | 0                      | 0              | 0              | 0  | 0                          | 0                        | 0            | XXX                 |
| 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) .....           | 0           | 0   | 0                      | 0              | 0              | 0  | 0                          | 0                        | 0            | XXX                 |

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 1 - PREMIUMS

|   | 1               | 2                   | 3                 | 4                                |
|---|-----------------|---------------------|-------------------|----------------------------------|
| Line of Business                                | Direct Business | Reinsurance Assumed | Reinsurance Ceded | Net Premium Income (Cols. 1+2-3) |
| 1. Comprehensive (hospital and medical) .....   |                 |                     |                   | 0                                |
| 2. Medicare Supplement .....                    |                 |                     |                   | 0                                |
| 3. Dental only.....                             |                 |                     |                   | 0                                |
| 4. Vision only.....                             |                 |                     |                   | 0                                |
| 5. Federal Employees Health Benefits Plan ..... |                 |                     |                   | 0                                |
| 6. Title XVIII - Medicare .....                 | 63,740,249      |                     | 1,267             | 63,738,982                       |
| 7. Title XIX - Medicaid.....                    |                 |                     |                   | 0                                |
| 8. Other health.....                            |                 |                     |                   | 0                                |
| 9. Health subtotal (Lines 1 through 8) .....    | 63,740,249      | 0                   | 1,267             | 63,738,982                       |
| 10. Life .....                                  |                 |                     |                   | 0                                |
| 11. Property/casualty.....                      |                 |                     |                   | 0                                |
| 12. Totals (Lines 9 to 11)                      | 63,740,249      | 0                   | 1,267             | 63,738,982                       |

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

|   | 1           | 2  | 3                      | 4              | 5              | 6   | 7                       | 8                     | 9            | 10                   |
|---|-------------|--|------------------------|----------------|----------------|---|-------------------------|-----------------------|--------------|----------------------|
|   | Total       | Comprehensive<br>(Hospital &<br>Medical) | Medicare<br>Supplement | Dental<br>Only | Vision<br>Only | Federal<br>Employees<br>Health<br>Benefits Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other Health | Other Non-<br>Health |
| 1. Payments during the year:  |             |  |                        |                |                |   |                         |                       |              |                      |
| 1.1 Direct .....  | 51,331,075  |  |                        |                |                |   | 51,331,075              |                       |              |                      |
| 1.2 Reinsurance assumed .....   | 0           |  |                        |                |                |   |                         |                       |              |                      |
| 1.3 Reinsurance ceded .....   | 0           |  |                        |                |                |   |                         |                       |              |                      |
| 1.4 Net .....   | 51,331,075  | 0  | 0                      | 0              | 0              | 0   | 51,331,075              | 0                     | 0            | 0                    |
| 2. Paid medical incentive pools and bonuses .....                         | 15,435      |  |                        |                |                |   | 15,435                  |                       |              |                      |
| 3. Claim liability December 31, current year from Part 2A:                |             |  |                        |                |                |   |                         |                       |              |                      |
| 3.1 Direct .....  | 707,605     | 0  | 0                      | 0              | 0              | 0   | 707,605                 | 0                     | 0            | 0                    |
| 3.2 Reinsurance assumed .....   | 0           | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 3.3 Reinsurance ceded .....   | 0           | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 3.4 Net .....   | 707,605     | 0  | 0                      | 0              | 0              | 0   | 707,605                 | 0                     | 0            | 0                    |
| 4. Claim reserve December 31, current year from Part 2D:                  |             |  |                        |                |                |   |                         |                       |              |                      |
| 4.1 Direct .....  | 0           |  |                        |                |                |   |                         |                       |              |                      |
| 4.2 Reinsurance assumed .....   | 0           |  |                        |                |                |   |                         |                       |              |                      |
| 4.3 Reinsurance ceded .....   | 0           | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            |                      |
| 4.4 Net .....   | 0           | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 5. Accrued medical incentive pools and bonuses, current year .....        | 0           |  |                        |                |                |   |                         |                       |              |                      |
| 6. Net healthcare receivables (a).....                                    | (4,127,670) |  |                        |                |                |   | (4,127,670)             |                       |              |                      |
| 7. Amounts recoverable from reinsurers December 31, current<br>year ..... | 0           |  |                        |                |                |   |                         |                       |              |                      |
| 8. Claim liability December 31, prior year from Part 2A:                  |             |  |                        |                |                |   |                         |                       |              |                      |
| 8.1 Direct .....  | 1,217,211   | 0  | 0                      | 0              | 0              | 0   | 1,217,211               | 0                     | 0            | 0                    |
| 8.2 Reinsurance assumed .....   | 0           | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 8.3 Reinsurance ceded .....   | 0           | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 8.4 Net .....   | 1,217,211   | 0  | 0                      | 0              | 0              | 0   | 1,217,211               | 0                     | 0            | 0                    |
| 9. Claim reserve December 31, prior year from Part 2D:                    |             |  |                        |                |                |   |                         |                       |              |                      |
| 9.1 Direct .....  | 0           | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 9.2 Reinsurance assumed .....   | 0           | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 9.3 Reinsurance ceded .....   | 0           | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 9.4 Net .....   | 0           | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 10. Accrued medical incentive pools and bonuses, prior year .....         | 0           | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 11. Amounts recoverable from reinsurers December 31, prior year<br>.....  | 0           | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 12. Incurred benefits:  |             |  |                        |                |                |   |                         |                       |              |                      |
| 12.1 Direct .....   | 54,949,139  | 0  | 0                      | 0              | 0              | 0   | 54,949,139              | 0                     | 0            | 0                    |
| 12.2 Reinsurance assumed .....  | 0           | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 12.3 Reinsurance ceded .....  | 0           | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0            | 0                    |
| 12.4 Net .....  | 54,949,139  | 0  | 0                      | 0              | 0              | 0   | 54,949,139              | 0                     | 0            | 0                    |
| 13. Incurred medical incentive pools and bonuses .....                    | 15,435      | 0  | 0                      | 0              | 0              | 0   | 15,435                  | 0                     | 0            | 0                    |

(a) Excludes \$ ..... 0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

|   | 1       | 2  | 3                      | 4              | 5              | 6   | 7                       | 8                     | 9               | 10                  |
|---|---------|--|------------------------|----------------|----------------|---|-------------------------|-----------------------|-----------------|---------------------|
|   | Total   | Comprehensive<br>(Hospital and<br>Medical) | Medicare<br>Supplement | Dental<br>Only | Vision<br>Only | Federal<br>Employees<br>Health<br>Benefits Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other<br>Health | Other<br>Non-Health |
| 1. Reported in Process of Adjustment:                 |         |  |                        |                |                |   |                         |                       |                 |                     |
| 1.1. Direct .....                                     | 694,990 |  |                        |                |                |   | 694,990                 |                       |                 |                     |
| 1.2. Reinsurance assumed .....                        | 0       |  |                        |                |                |   |                         |                       |                 |                     |
| 1.3. Reinsurance ceded .....                          | 0       |  |                        |                |                |   |                         |                       |                 |                     |
| 1.4. Net .....  | 694,990 | 0  | 0                      | 0              | 0              | 0   | 694,990                 | 0                     | 0               | 0                   |
| 2. Incurred but Unreported:                           |         |  |                        |                |                |   |                         |                       |                 |                     |
| 2.1. Direct .....                                     | 12,615  |  |                        |                |                |   | 12,615                  |                       |                 |                     |
| 2.2. Reinsurance assumed .....                        | 0       |  |                        |                |                |   |                         |                       |                 |                     |
| 2.3. Reinsurance ceded .....                          | 0       |  |                        |                |                |   |                         |                       |                 |                     |
| 2.4. Net .....  | 12,615  | 0  | 0                      | 0              | 0              | 0   | 12,615                  | 0                     | 0               | 0                   |
| 3. Amounts Withheld from Paid Claims and Capitations: |         |  |                        |                |                |   |                         |                       |                 |                     |
| 3.1. Direct .....                                     | 0       |  |                        |                |                |   |                         |                       |                 |                     |
| 3.2. Reinsurance assumed .....                        | 0       |  |                        |                |                |   |                         |                       |                 |                     |
| 3.3. Reinsurance ceded .....                          | 0       |  |                        |                |                |   |                         |                       |                 |                     |
| 3.4. Net .....  | 0       | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0               | 0                   |
| 4. TOTALS:  |         |  |                        |                |                |   |                         |                       |                 |                     |
| 4.1. Direct .....                                     | 707,605 | 0  | 0                      | 0              | 0              | 0   | 707,605                 | 0                     | 0               | 0                   |
| 4.2. Reinsurance assumed .....                        | 0       | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0               | 0                   |
| 4.3. Reinsurance ceded .....                          | 0       | 0  | 0                      | 0              | 0              | 0   | 0                       | 0                     | 0               | 0                   |
| 4.4. Net .....  | 707,605 | 0  | 0                      | 0              | 0              | 0   | 707,605                 | 0                     | 0               | 0                   |

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

| Line of Business                                    | Claims Paid During the Year                                |   | Claim Reserve and Claim Liability December 31 of Current Year |   | 5<br>Claims Incurred in Prior Years (Columns 1 + 3) | 6<br>Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
|---|--|---|---|---|---|--|
|   | 1<br>On Claims Incurred Prior to January 1 of Current Year | 2<br>On Claims Incurred During the Year | 3<br>On Claims Unpaid December 31 of Prior Year               | 4<br>On Claims Incurred During the Year |   |  |
| 1. Comprehensive (hospital and medical) .....       |  |   |   |   | 0   | 0  |
| 2. Medicare Supplement .....                        |  |   |   |   | 0   | 0  |
| 3. Dental Only.....                                 |  |   |   |   | 0   | 0  |
| 4. Vision Only.....                                 |  |   |   |   | 0   | 0  |
| 5. Federal Employees Health Benefits Plan .....     |  |   |   |   | 0   | 0  |
| 6. Title XVIII - Medicare .....                     | 1,098,937  | 57,102,780                              | 42,968  | 664,637                                 | 1,141,905   | 1,217,210  |
| 7. Title XIX - Medicaid.....                        |  |   |   |   | 0   | 0  |
| 8. Other health .....                               |  |   |   |   | 0   | 0  |
| 9. Health subtotal (Lines 1 to 8).....              | 1,098,937  | 57,102,780                              | 42,968  | 664,637                                 | 1,141,905   | 1,217,210  |
| 10. Healthcare receivables (a).....                 |  | 2,742,971                               |   |   | 0   | 0  |
| 11. Other non-health.....                           |  |   |   |   | 0   | 0  |
| 12. Medical incentive pools and bonus amounts ..... |  | 15,435                                  |   |   | 0   | 0  |
| 13. Totals (Lines 9-10+11+12)                       | 1,098,937  | 54,375,244                              | 42,968  | 664,637                                 | 1,141,905   | 1,217,210  |

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

Pt 2C - Sn A - Paid Claims - Comp

NONE

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Michigan Complete Health, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Medicare

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid |           |           |           |           |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
|                                    | 1<br>2014                   | 2<br>2015 | 3<br>2016 | 4<br>2017 | 5<br>2018 |
| 1. Prior .....                     | 1,228                       | 1,228     | 1,228     | 1,228     | 1,228     |
| 2. 2014 .....                      | 23,902                      | 25,936    | 25,936    | 25,936    | 25,936    |
| 3. 2015 .....                      | XXX                         | 52,065    | 55,592    | 55,592    | 55,592    |
| 4. 2016 .....                      | XXX                         | XXX       | 40,949    | 41,653    | 41,653    |
| 5. 2017 .....                      | XXX                         | XXX       | XXX       | 47,110    | 48,209    |
| 6. 2018 .....                      | XXX                         | XXX       | XXX       | XXX       | 54,375    |

Section B - Incurred Health Claims - Medicare

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability,<br>Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year |           |           |           |           |
|------------------------------------|---|-----------|-----------|-----------|-----------|
|                                    | 1<br>2014   | 2<br>2015 | 3<br>2016 | 4<br>2017 | 5<br>2018 |
| 1. Prior .....                     | 1,228   | 1,228     | 1,228     | 1,228     | 1,228     |
| 2. 2014 .....                      | 23,902  | 25,936    | 25,936    | 25,936    | 25,936    |
| 3. 2015 .....                      | XXX   | 52,065    | 55,607    | 55,603    | 55,592    |
| 4. 2016 .....                      | XXX   | XXX       | 41,604    | 41,680    | 41,653    |
| 5. 2017 .....                      | XXX   | XXX       | XXX       | 48,289    | 48,252    |
| 6. 2018 .....                      | XXX   | XXX       | XXX       | XXX       | 55,040    |

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare

| Years in which<br>Premiums were Earned and Claims<br>were Incurred | 1<br><br>Premiums Earned | 2<br><br>Claims Payments | 3<br><br>Claim Adjustment<br>Expense<br>Payments | 4<br><br>(Col. 3/2)<br>Percent | 5<br><br>Claim and Claim<br>Adjustment<br>Expense<br>Payments<br>(Col. 2+3) | 6<br><br>(Col. 5/1)<br>Percent | 7<br><br>Claims Unpaid | 8<br><br>Unpaid Claims<br>Adjustment<br>Expenses | 9<br><br>Total Claims and<br>Claims<br>Adjustment<br>Expense Incurred<br>(Col. 5+7+8) | 10<br><br>(Col. 9/1)<br>Percent |
|--|--------------------------|--------------------------|--|--------------------------------|---|--------------------------------|------------------------|--|---|---------------------------------|
| 1. 2014.....   | 30,724                   | 25,936                   | 63   | 0.2                            | 25,999  | 84.6                           |                        |  | 25,999  | 84.6                            |
| 2. 2015.....   | 60,547                   | 55,592                   | 520  | 0.9                            | 56,112  | 92.7                           |                        |  | 56,112  | 92.7                            |
| 3. 2016.....   | 46,876                   | 41,653                   | 65   | 0.2                            | 41,718  | 89.0                           |                        |  | 41,718  | 89.0                            |
| 4. 2017.....   | 54,313                   | 48,209                   | 86   | 0.2                            | 48,295  | 88.9                           | 43                     |  | 48,338  | 89.0                            |
| 5. 2018 .....  | 63,739                   | 54,375                   | 706  | 1.3                            | 55,081  | 86.4                           | 665                    | 101  | 55,847  | 87.6                            |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Michigan Complete Health, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid |           |           |           |           |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
|                                    | 1<br>2014                   | 2<br>2015 | 3<br>2016 | 4<br>2017 | 5<br>2018 |
| 1. Prior .....                     | 1,228                       | 1,228     | 1,228     | 1,228     | 1,228     |
| 2. 2014.....                       | 23,902                      | 25,936    | 25,936    | 25,936    | 25,936    |
| 3. 2015.....                       | XXX                         | 52,065    | 55,592    | 55,592    | 55,592    |
| 4. 2016.....                       | XXX                         | XXX       | 40,949    | 41,653    | 41,653    |
| 5. 2017.....                       | XXX                         | XXX       | XXX       | 47,110    | 48,209    |
| 6. 2018.....                       | XXX                         | XXX       | XXX       | XXX       | 54,375    |

Section B - Incurred Health Claims - Grand Total

| Year in Which Losses Were Incurred | Sum of Cumulative Net Amount Paid and Claim Liability,<br>Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year |           |           |           |           |
|------------------------------------|---|-----------|-----------|-----------|-----------|
|                                    | 1<br>2014   | 2<br>2015 | 3<br>2016 | 4<br>2017 | 5<br>2018 |
| 1. Prior .....                     | 1,228   | 1,228     | 1,228     | 1,228     | 1,228     |
| 2. 2014.....                       | 23,902  | 25,936    | 25,936    | 25,936    | 25,936    |
| 3. 2015.....                       | XXX   | 52,065    | 55,607    | 55,603    | 55,592    |
| 4. 2016.....                       | XXX   | XXX       | 41,604    | 41,680    | 41,653    |
| 5. 2017.....                       | XXX   | XXX       | XXX       | 48,289    | 48,252    |
| 6. 2018.....                       | XXX   | XXX       | XXX       | XXX       | 55,040    |

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

| Years in which<br>Premiums were Earned and Claims<br>were Incurred | 1<br><br>Premiums Earned | 2<br><br>Claims Payments | 3<br><br>Claim Adjustment<br>Expense<br>Payments | 4<br><br>(Col. 3/2)<br>Percent | 5<br><br>Claim and Claim<br>Adjustment<br>Expense<br>Payments<br>(Col. 2+3) | 6<br><br>(Col. 5/1)<br>Percent | 7<br><br>Claims Unpaid | 8<br><br>Unpaid Claims<br>Adjustment<br>Expenses | 9<br><br>Total Claims and<br>Claims<br>Adjustment<br>Expense Incurred<br>(Col. 5+7+8) | 10<br><br>(Col. 9/1)<br>Percent |
|--|--------------------------|--------------------------|--|--------------------------------|---|--------------------------------|------------------------|--|---|---------------------------------|
| 1. 2014.....   | 30,724                   | 25,936                   | 63   | 0.2                            | 25,999  | 84.6                           | 0                      | 0  | 25,999  | 84.6                            |
| 2. 2015.....   | 60,547                   | 55,592                   | 520  | 0.9                            | 56,112  | 92.7                           | 0                      | 0  | 56,112  | 92.7                            |
| 3. 2016.....   | 46,876                   | 41,653                   | 65   | 0.2                            | 41,718  | 89.0                           | 0                      | 0  | 41,718  | 89.0                            |
| 4. 2017.....   | 54,313                   | 48,209                   | 86   | 0.2                            | 48,295  | 88.9                           | 43                     | 0  | 48,338  | 89.0                            |
| 5. 2018.....   | 63,739                   | 54,375                   | 706  | 1.3                            | 55,081  | 86.4                           | 665                    | 101  | 55,847  | 87.6                            |

Pt 2C - Sn B - Incurred Claims - Comp

NONE

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Part 2C - Sn C - Claims Expense Ratio Co  
**NONE**

Part 2C - Sn C - Claims Expense Ratio MS  
**NONE**

Part 2C - Sn C - Claims Expense Ratio DO  
**NONE**

Part 2C - Sn C - Claims Expense Ratio VO  
**NONE**

Part 2C - Sn C - Claims Expense Ratio FE  
**NONE**

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

|   | 1     | 2  | 3                      | 4           | 5           | 6  | 7                       | 8                     | 9     |
|---|-------|--|------------------------|-------------|-------------|--|-------------------------|-----------------------|-------|
|   | Total | Comprehensive<br>(Hospital &<br>Medical) | Medicare<br>Supplement | Dental Only | Vision Only | Federal<br>Employees<br>Health Benefit<br>Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other |
| 1. Unearned premium reserves.....   | .0    |  |                        |             |             |  |                         |                       |       |
| 2. Additional policy reserves (a).....  | .0    |  |                        |             |             |  |                         | .0                    |       |
| 3. Reserve for future contingent benefits.....  | .0    |  |                        |             |             |  |                         |                       |       |
| 4. Reserve for rate credits or experience rating refunds (including<br>\$ ..... for investment income)..... | .0    |  |                        |             |             |  |                         |                       |       |
| 5. Aggregate write-ins for other policy reserves .....  | .0    | .0                                       | .0                     | .0          | .0          | .0   | .0                      | .0                    | .0    |
| 6. Totals (gross) .....   | .0    | .0                                       | .0                     | .0          | .0          | .0   | .0                      | .0                    | .0    |
| 7. Reinsurance ceded .....  | .0    |  |                        |             |             |  |                         |                       |       |
| 8. Totals (Net) (Page 3, Line 4)  | 0     | 0  | 0                      | 0           | 0           | 0  | 0                       | 0                     | 0     |
| 9. Present value of amounts not yet due on claims .....   | .0    | NONE                                     |                        |             |             |  |                         |                       |       |
| 10. Reserve for future contingent benefits .....  | .0    |  |                        |             |             |  |                         |                       |       |
| 11. Aggregate write-ins for other claim reserves .....  | .0    |  |                        |             |             |  |                         |                       |       |
| 12. Totals (gross) .....  | .0    |  |                        |             |             |  |                         |                       |       |
| 13. Reinsurance ceded .....   | .0    |  |                        |             |             |  |                         |                       |       |
| 14. Totals (Net) (Page 3, Line 7)   | 0     | 0  | 0                      | 0           | 0           | 0  | 0                       | 0                     | 0     |
| DETAILS OF WRITE-INS  |       |  |                        |             |             |  |                         |                       |       |
| 0501. ....  | .0    |  |                        |             |             |  |                         |                       |       |
| 0502. ....  | .0    |  |                        |             |             |  |                         |                       |       |
| 0503. ....  | .0    |  |                        |             |             |  |                         |                       |       |
| 0598. Summary of remaining write-ins for Line 5 from overflow page .....                                    | .0    | .0                                       | .0                     | .0          | .0          | .0   | .0                      | .0                    | .0    |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)   | 0     | 0  | 0                      | 0           | 0           | 0  | 0                       | 0                     | 0     |
| 1101. ....  | .0    |  |                        |             |             |  |                         |                       |       |
| 1102. ....  |       |  |                        |             |             |  |                         |                       |       |
| 1103. ....  |       |  |                        |             |             |  |                         |                       |       |
| 1198. Summary of remaining write-ins for Line 11 from overflow page .....                                   | .0    | .0                                       | .0                     | .0          | .0          | .0   | .0                      | .0                    | .0    |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)  | 0     | 0  | 0                      | 0           | 0           | 0  | 0                       | 0                     | 0     |

(a) Includes \$ .....0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES

|   | Claim Adjustment Expenses            |  | 3<br>General<br>Administrative<br>Expenses | 4<br>Investment<br>Expenses | 5<br>Total |
|---|--------------------------------------|--|--|-----------------------------|------------|
|   | 1<br>Cost<br>Containment<br>Expenses | 2<br>Other Claim<br>Adjustment<br>Expenses |  |                             |            |
| 1. Rent (\$ .....for occupancy of own building) .....                     |                                      |  | 137,148                                    |                             | 137,148    |
| 2. Salaries, wages and other benefits .....                               |                                      |  | 2,587,187                                  |                             | 2,587,187  |
| 3. Commissions (less \$ .....ceded plus<br>\$ .....assumed) .....         |                                      |  |  |                             | 0          |
| 4. Legal fees and expenses .....  |                                      |  | 27,781                                     |                             | 27,781     |
| 5. Certifications and accreditation fees .....                            |                                      |  | 5,825                                      |                             | 5,825      |
| 6. Auditing, actuarial and other consulting services .....                |                                      |  | 1,223,019                                  |                             | 1,223,019  |
| 7. Traveling expenses .....   |                                      |  | 69,864                                     |                             | 69,864     |
| 8. Marketing and advertising .....  |                                      |  | 180,956                                    |                             | 180,956    |
| 9. Postage, express and telephone .....                                   |                                      |  | 54,745                                     |                             | 54,745     |
| 10. Printing and office supplies .....                                    |                                      |  | 107,331                                    |                             | 107,331    |
| 11. Occupancy, depreciation and amortization .....                        |                                      |  | 312,036                                    |                             | 312,036    |
| 12. Equipment .....   |                                      |  | 15,295                                     |                             | 15,295     |
| 13. Cost or depreciation of EDP equipment and software .....              |                                      |  | 523,128                                    |                             | 523,128    |
| 14. Outsourced services including EDP, claims, and other services .....   | 21,251                               | 769,857                                    | 7,256,661                                  |                             | 8,047,769  |
| 15. Boards, bureaus and association fees .....                            |                                      |  |  |                             | 0          |
| 16. Insurance, except on real estate .....                                |                                      |  | 17,797                                     |                             | 17,797     |
| 17. Collection and bank service charges .....                             |                                      |  | 15,813                                     |                             | 15,813     |
| 18. Group service and administration fees .....                           |                                      |  |  |                             | 0          |
| 19. Reimbursements by uninsured plans .....                               |                                      |  |  |                             | 0          |
| 20. Reimbursements from fiscal intermediaries .....                       |                                      |  |  |                             | 0          |
| 21. Real estate expenses .....  |                                      |  | 17,284                                     |                             | 17,284     |
| 22. Real estate taxes .....   |                                      |  | 7,530                                      |                             | 7,530      |
| 23. Taxes, licenses and fees:   |                                      |  |  |                             |            |
| 23.1 State and local insurance taxes .....                                |                                      |  | (3,719)                                    |                             | (3,719)    |
| 23.2 State premium taxes .....  |                                      |  | 403,385                                    |                             | 403,385    |
| 23.3 Regulatory authority licenses and fees .....                         |                                      |  | 2,758                                      |                             | 2,758      |
| 23.4 Payroll taxes .....  |                                      |  | 127,767                                    |                             | 127,767    |
| 23.5 Other (excluding federal income and real estate taxes) .....         |                                      |  | 1,070,378                                  |                             | 1,070,378  |
| 24. Investment expenses not included elsewhere .....                      |                                      |  |  |                             | 0          |
| 25. Aggregate write-ins for expenses .....                                | 0                                    | 0  | 0  | 0                           | 0          |
| 26. Total expenses incurred (Lines 1 to 25) .....                         | 21,251                               | 769,857                                    | 14,159,969                                 | 0 (a)                       | 14,951,077 |
| 27. Less expenses unpaid December 31, current year .....                  |                                      | 101,456                                    | 626,745                                    |                             | 728,201    |
| 28. Add expenses unpaid December 31, prior year .....                     | 0                                    | 81,653                                     | 181,309                                    | 0                           | 262,962    |
| 29. Amounts receivable relating to uninsured plans, prior year .....      | 0                                    | 0  | 0  | 0                           | 0          |
| 30. Amounts receivable relating to uninsured plans, current year .....    |                                      |  |  |                             | 0          |
| 31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)      | 21,251                               | 750,054                                    | 13,714,533                                 | 0                           | 14,485,838 |
| DETAILS OF WRITE-INS  |                                      |  |  |                             |            |
| 2501. ....  |                                      |  |  |                             | 0          |
| 2502. ....  |                                      |  |  |                             | 0          |
| 2503. ....  |                                      |  |  |                             | 0          |
| 2598. Summary of remaining write-ins for Line 25 from overflow page ..... | 0                                    | 0  | 0  | 0                           | 0          |
| 2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)           | 0                                    | 0  | 0  | 0                           | 0          |

(a) Includes management fees of \$ .....6,872,937 to affiliates and \$ .....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

|                      |   | 1                        | 2                     |
|----------------------|---|--------------------------|-----------------------|
|                      |   | Collected<br>During Year | Earned<br>During Year |
| 1.                   | U.S. Government bonds .....   | (a).....20,524           | .....22,845           |
| 1.1                  | Bonds exempt from U.S. tax .....  | (a).....0                | .....0                |
| 1.2                  | Other bonds (unaffiliated) .....  | (a).....0                | .....0                |
| 1.3                  | Bonds of affiliates .....   | (a).....0                | .....0                |
| 2.1                  | Preferred stocks (unaffiliated) .....                                     | (b).....0                | .....0                |
| 2.11                 | Preferred stocks of affiliates .....                                      | (b).....0                | .....0                |
| 2.2                  | Common stocks (unaffiliated) .....  | .....0                   | .....0                |
| 2.21                 | Common stocks of affiliates .....   | .....0                   | .....0                |
| 3.                   | Mortgage loans .....  | (c).....0                | .....0                |
| 4.                   | Real estate .....   | (d).....0                | .....0                |
| 5.                   | Contract loans .....  | .....0                   | .....0                |
| 6.                   | Cash, cash equivalents and short-term investments .....                   | (e).....0                | .....0                |
| 7.                   | Derivative instruments .....  | (f).....0                | .....0                |
| 8.                   | Other invested assets .....   | .....0                   | .....0                |
| 9.                   | Aggregate write-ins for investment income .....                           | .....0                   | .....0                |
| 10.                  | Total gross investment income .....                                       | 20,524                   | 22,845                |
| 11.                  | Investment expenses .....   |                          | (g).....0             |
| 12.                  | Investment taxes, licenses and fees, excluding federal income taxes ..... |                          | (g).....0             |
| 13.                  | Interest expense .....  |                          | (h).....0             |
| 14.                  | Depreciation on real estate and other invested assets .....               |                          | (i).....0             |
| 15.                  | Aggregate write-ins for deductions from investment income .....           |                          | .....0                |
| 16.                  | Total deductions (Lines 11 through 15) .....                              |                          | .....0                |
| 17.                  | Net investment income (Line 10 minus Line 16) .....                       |                          | 22,845                |
| DETAILS OF WRITE-INS |   |                          |                       |
| 0901.                | .....   |                          |                       |
| 0902.                | .....   |                          |                       |
| 0903.                | .....   |                          |                       |
| 0998.                | Summary of remaining write-ins for Line 9 from overflow page .....        | .....0                   | .....0                |
| 0999.                | Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....           | 0                        | 0                     |
| 1501.                | .....   |                          |                       |
| 1502.                | .....   |                          |                       |
| 1503.                | .....   |                          |                       |
| 1598.                | Summary of remaining write-ins for Line 15 from overflow page .....       |                          | .....0                |
| 1599.                | Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) .....          |                          | 0                     |

(a) Includes \$ .....586 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.  
(b) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued dividends on purchases.  
(c) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.  
(d) Includes \$ .....0 for company's occupancy of its own buildings; and excludes \$ .....0 interest on encumbrances.  
(e) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.  
(f) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium.  
(g) Includes \$ .....0 investment expenses and \$ .....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
(h) Includes \$ .....0 interest on surplus notes and \$ .....0 interest on capital notes.  
(i) Includes \$ .....0 depreciation on real estate and \$ .....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

|                      |  | 1  | 2                                | 3  | 4  | 5  |
|----------------------|--|--|----------------------------------|--|--|--|
|                      |  | Realized<br>Gain (Loss)<br>On Sales or<br>Maturity | Other<br>Realized<br>Adjustments | Total Realized Capital<br>Gain (Loss)<br>(Columns 1 + 2) | Change in<br>Unrealized Capital<br>Gain (Loss) | Change in<br>Unrealized Foreign<br>Exchange Capital<br>Gain (Loss) |
| 1.                   | U.S. Government bonds .....  | .....0   | .....0                           | .....0   | .....0   | .....0   |
| 1.1                  | Bonds exempt from U.S. tax .....                                   | .....0   | .....0                           | .....0   | .....0   | .....0   |
| 1.2                  | Other bonds (unaffiliated) .....                                   | .....0   | .....0                           | .....0   | .....0   | .....0   |
| 1.3                  | Bonds of affiliates .....  | .....0   | .....0                           | .....0   | .....0   | .....0   |
| 2.1                  | Preferred stocks (unaffiliated) .....                              | .....0   | .....0                           | .....0   | .....0   | .....0   |
| 2.11                 | Preferred stocks of affiliates .....                               | .....0   | .....0                           | .....0   | .....0   | .....0   |
| 2.2                  | Common stocks (unaffiliated) .....                                 | .....0   | .....0                           | .....0   | .....0   | .....0   |
| 2.21                 | Common stocks of affiliates .....                                  | .....0   | .....0                           | .....0   | .....0   | .....0   |
| 3.                   | Mortgage loans .....   | .....0   | .....0                           | .....0   | .....0   | .....0   |
| 4.                   | Real estate .....  | .....0   | .....0                           | .....0   | .....0   | .....0   |
| 5.                   | Contract loans .....   | .....0   | .....0                           | .....0   | .....0   | .....0   |
| 6.                   | Cash, cash equivalents and short-term investments .....            | .....0   | .....0                           | .....0   | .....0   | .....0   |
| 7.                   | Derivative instruments .....                                       | .....0   | .....0                           | .....0   | .....0   | .....0   |
| 8.                   | Other invested assets .....  | .....0   | .....0                           | .....0   | .....0   | .....0   |
| 9.                   | Aggregate write-ins for capital gains (losses) .....               | .....0   | .....0                           | .....0   | .....0   | .....0   |
| 10.                  | Total capital gains (losses) .....                                 | 0  | 0                                | 0  | 0  | 0  |
| DETAILS OF WRITE-INS |  |  |                                  |  |  |  |
| 0901.                | .....  |  |                                  | .....0   |  |  |
| 0902.                | .....  |  |                                  | .....0   |  |  |
| 0903.                | .....  |  |                                  | .....0   |  |  |
| 0998.                | Summary of remaining write-ins for Line 9 from overflow page ..... | .....0   | .....0                           | .....0   | .....0   | .....0   |
| 0999.                | Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....    | 0  | 0                                | 0  | 0  | 0  |

EXHIBIT OF NONADMITTED ASSETS

|  | 1  | 2                                      | 3  |
|--|--|--|--|
|  | Current Year Total<br>Nonadmitted Assets | Prior Year Total<br>Nonadmitted Assets | Change in Total<br>Nonadmitted Assets<br>(Col. 2 - Col. 1) |
| 1. Bonds (Schedule D).....   | 0  | 0                                      | 0  |
| 2. Stocks (Schedule D):  |  |  |  |
| 2.1 Preferred stocks .....   | 0  | 0                                      | 0  |
| 2.2 Common stocks .....  | 0  | 0                                      | 0  |
| 3. Mortgage loans on real estate (Schedule B):   |  |  |  |
| 3.1 First liens .....  | 0  | 0                                      | 0  |
| 3.2 Other than first liens .....   | 0  | 0                                      | 0  |
| 4. Real estate (Schedule A):   |  |  |  |
| 4.1 Properties occupied by the company .....   | 0  | 0                                      | 0  |
| 4.2 Properties held for the production of income.....  | 0  | 0                                      | 0  |
| 4.3 Properties held for sale .....   | 0  | 0                                      | 0  |
| 5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and<br>short-term investments (Schedule DA).....     | 0  | 0                                      | 0  |
| 6. Contract loans .....  | 0  | 0                                      | 0  |
| 7. Derivatives (Schedule DB).....  | 0  | 0                                      | 0  |
| 8. Other invested assets (Schedule BA) .....   | 0  | 0                                      | 0  |
| 9. Receivables for securities .....  | 0  | 0                                      | 0  |
| 10. Securities lending reinvested collateral assets (Schedule DL).....   | 0  | 0                                      | 0  |
| 11. Aggregate write-ins for invested assets .....  | 0  | 0                                      | 0  |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) .....  | 0  | 0                                      | 0  |
| 13. Title plants (for Title insurers only).....  | 0  | 0                                      | 0  |
| 14. Investment income due and accrued .....  | 0  | 0                                      | 0  |
| 15. Premiums and considerations:   |  |  |  |
| 15.1 Uncollected premiums and agents' balances in the course of<br>collection.....                                     | 0  | 0                                      | 0  |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred<br>and not yet due.....                  | 0  | 0                                      | 0  |
| 15.3 Accrued retrospective premiums and contracts subject to redetermination .....                                     | 0  | 0                                      | 0  |
| 16. Reinsurance:   |  |  |  |
| 16.1 Amounts recoverable from reinsurers .....   | 0  | 0                                      | 0  |
| 16.2 Funds held by or deposited with reinsured companies .....   | 0  | 0                                      | 0  |
| 16.3 Other amounts receivable under reinsurance contracts .....  | 0  | 0                                      | 0  |
| 17. Amounts receivable relating to uninsured plans .....   | 0  | 0                                      | 0  |
| 18.1 Current federal and foreign income tax recoverable and interest thereon .....                                     | 0  | 0                                      | 0  |
| 18.2 Net deferred tax asset.....   | 0  | 0                                      | 0  |
| 19. Guaranty funds receivable or on deposit .....  | 0  | 0                                      | 0  |
| 20. Electronic data processing equipment and software.....   | 0  | 0                                      | 0  |
| 21. Furniture and equipment, including health care delivery assets.....  | 0  | 0                                      | 0  |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates .....                                       | 0  | 0                                      | 0  |
| 23. Receivables from parent, subsidiaries and affiliates .....   | 0  | 0                                      | 0  |
| 24. Health care and other amounts receivable.....  | 1,628,887                                | 77,659                                 | (1,551,228)  |
| 25. Aggregate write-ins for other-than-invested assets .....   | 0  | 0                                      | 0  |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and<br>Protected Cell Accounts (Lines 12 to 25)..... | 1,628,887                                | 77,659                                 | (1,551,228)  |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....                                       | 0  | 0                                      | 0  |
| 28. Total (Lines 26 and 27)  | 1,628,887                                | 77,659                                 | (1,551,228)  |
| DETAILS OF WRITE-INS   |  |  |  |
| 1101. ....   |  | 0                                      | 0  |
| 1102. ....   |  | 0                                      | 0  |
| 1103. ....   |  | 0                                      | 0  |
| 1198. Summary of remaining write-ins for Line 11 from overflow page .....  | 0  | 0                                      | 0  |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)   | 0  | 0                                      | 0  |
| 2501. ....   |  | 0                                      | 0  |
| 2502. ....   |  | 0                                      | 0  |
| 2503. ....   |  |  |  |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....  | 0  | 0                                      | 0  |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)   | 0  | 0                                      | 0  |

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

| Source of Enrollment   | Total Members at End of |                    |                     |                    |                   | 6<br>Current Year<br>Member Months |
|--|-------------------------|--------------------|---------------------|--------------------|-------------------|------------------------------------|
|  | 1<br>Prior Year         | 2<br>First Quarter | 3<br>Second Quarter | 4<br>Third Quarter | 5<br>Current Year |                                    |
| 1. Health Maintenance Organizations.....                                 | 2,478                   | 2,776              | 2,831               | 2,568              | 2,417             | 31,668                             |
| 2. Provider Service Organizations.....                                   | .0                      |                    |                     |                    |                   |                                    |
| 3. Preferred Provider Organizations.....                                 | .0                      |                    |                     |                    |                   |                                    |
| 4. Point of Service.....   | .0                      |                    |                     |                    |                   |                                    |
| 5. Indemnity Only.....   | .0                      |                    |                     |                    |                   |                                    |
| 6. Aggregate write-ins for other lines of business.....                  | .0                      | .0                 | .0                  | .0                 | .0                | .0                                 |
| 7. Total   | 2,478                   | 2,776              | 2,831               | 2,568              | 2,417             | 31,668                             |
| DETAILS OF WRITE-INS   |                         |                    |                     |                    |                   |                                    |
| 0601. ....   | .0                      |                    |                     |                    |                   |                                    |
| 0602. ....   | .0                      |                    |                     |                    |                   |                                    |
| 0603. ....   | .0                      |                    |                     |                    |                   |                                    |
| 0698. Summary of remaining write-ins for Line 6 from overflow page ..... | .0                      | .0                 | .0                  | .0                 | .0                | .0                                 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)          | 0                       | 0                  | 0                   | 0                  | 0                 | 0                                  |

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Michigan Complete Health, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance.

The State of Michigan requires that insurance companies domiciled in the state of Michigan prepare their statutory basis financial statements in accordance with the NAIC *Accounting Practices and Procedures Manual* subject to any deviations prescribed or permitted by the State of Michigan Insurance Commissioner.

B. Use of Estimates in the Preparation of the Financial Statements.

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

| NET INCOME   | SSAP # | F/S Page | F/S Line # | State of Domicile | 2018           | 2017         |
|--|--------|----------|------------|-------------------|----------------|--------------|
| (1) Michigan Complete Health, Inc. state basis (Page 4, Line 32, Columns 2 & 3)  | XXX    | XXX      | XXX        | Michigan          | \$ (5,022,924) | \$ 636,228   |
| (2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:<br>e.g., Depreciation of fixed assets                      | -      | -        | -          | Michigan          | \$ -           | \$ -         |
| (3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:<br>e.g., Depreciation of fixed assets, home office property | -      | -        | -          | Michigan          | \$ -           | \$ -         |
| (4) NAIC SAP (1-2-3=4)   | XXX    | XXX      | XXX        | Michigan          | \$ (5,022,924) | \$ 636,228   |
| SURPLUS  |        |          |            |                   |                |              |
| (5) Michigan Complete Health, Inc. state basis (Page 3, Line 33, Columns 3 & 4)  | XXX    | XXX      | XXX        | Michigan          | \$ 6,549,906   | \$ 7,124,058 |
| (6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:<br>e.g., Goodwill, net<br>e.g., Fixed Assets, net          | -      | -        | -          | Michigan          | \$ -           | \$ -         |
| (7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:<br>e.g., Home Office Property                               | -      | -        | -          | Michigan          | \$ -           | \$ -         |
| (8) NAIC SAP (5-6-7=8)   | XXX    | XXX      | XXX        | Michigan          | \$ 6,549,906   | \$ 7,124,058 |

C. Accounting Policy

- Cash and short-term investments are carried at cost, which approximates fair value. Short-term investments include securities purchased within twelve months or less of maturity date.
- Investment grade bonds (NAIC designations 1 or 2) not backed by other loans are valued at amortized cost using the scientific (constant yield) method. Bonds containing call provisions, except “make whole” call provisions, are amortized to the call or maturity value/date which produces the lowest asset value (yield to worst). Bonds which are below investment grade (NAIC designation 3 to 6) are carried at lower of amortized cost or fair value.
- The Company holds no common stock.
- The Company holds no preferred stock.
- The Company holds no mortgage loans.
- The Company holds no loan-backed securities.
- The Company has no investments in subsidiaries, controlled or affiliated companies.
- The Company has no interest in joint ventures.
- The Company holds no derivatives.
- The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve is required. The Company considers anticipated investment income when calculating its premium deficiency reserves. The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the statement of revenue and expense. The Company has a premium deficiency reserve of \$0.00 at December 31, 2018.
- Unpaid losses and loss adjustment expenses include amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount to be adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
- The Company has not modified its capitalization policy from the prior period.

NOTES TO FINANCIAL STATEMENTS

- 13. Pharmaceutical rebates are based on actual pharmaceutical claims experience.
- 14. Certain reclassifications have been made to prior year amounts to conform to the current year presentation.

D. Going Concern

The Company’s management has not identified any conditions or events that raise substantial doubt about its ability to continue as a going concern

2. Accounting Changes and Corrections of Errors

The Company has no material changes in accounting and/or correction of errors.

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

None

B. Debt Restructuring

None

C. Reverse Mortgages

None

D. Loan-Backed Securities

None

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

For dollar repurchase agreements, Company policies require a minimum of 100% of the fair value of securities purchases agreements to be maintained as collateral. There were no dollar repurchase arrangements outstanding for the year ended December 31, 2018.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

None

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

None

H. Repurchase Agreements Transactions Accounted for as a Sale

None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

None

J. Real Estate

None

K. Low-Income Housing Tax Credits (LIHTC)

None

L. Restricted Assets

- 1. Restricted Assets (Including Pledged)

NOTES TO FINANCIAL STATEMENTS

|   | 1  | 2                                      | 3                                | 4                                      | 5   | 6   |
|---|--|--|----------------------------------|--|---|---|
| Restricted Asset Category   | Total Gross Restricted from Current Year | Total Gross Restricted From Prior Year | Increase/ (Decrease) (1 minus 2) | Total Current Year Admitted Restricted | Percentage Gross Restricted to Total Assets | Percentage Admitted Restricted to Total Admitted Assets |
| a. Subject to contractual obligation for which liability is not shown |  |  |                                  |  |   |   |
| b. Collateral held under security lending agreements                  |  |  |                                  |  |   |   |
| c. Subject to repurchase agreements                                   |  |  |                                  |  |   |   |
| d. Subject to reverse repurchase agreements                           |  |  |                                  |  |   |   |
| e. Subject to dollar repurchase agreements                            |  |  |                                  |  |   |   |
| f. Subject to dollar reverse repurchase agreements                    |  |  |                                  |  |   |   |
| g. Placed under option contracts                                      |  |  |                                  |  |   |   |
| h. Letter stock or securities restricted as to sale                   |  |  |                                  |  |   |   |
| i. FHLB capital stock   |  |  |                                  |  |   |   |
| j. On deposit with states   | \$ 1,099,449                             | \$ 1,099,593                           | \$ (144)                         | \$ 1,099,449                           | 10.2%                                       | 12.7%   |
| k. On deposit with other regulatory bodies                            |  |  |                                  |  |   |   |
| l. Pledged collateral to FHLB (including assets backing funding       |  |  |                                  |  |   |   |
| m. Pledged as collateral not captured in other categories             |  |  |                                  |  |   |   |
| n. Other restricted assets  |  |  |                                  |  |   |   |
| o. Total Restricted Assets  | \$ 1,099,449                             | \$ 1,099,593                           | \$ (144)                         | \$ 1,099,449                           | 10.2%                                       | 12.7%   |

1. Detail of Assets Pledged as Collateral Not Captured in Other Categories – None
2. Detail of Other Restricted Assets – None
3. Collateral Received and Reflected as Assets Within the Reporting Entity’s Financial Statements – None

M. Working Capital Finance Investments

None

N. Offsetting and Netting of Assets and Liabilities

None

O. Structured Notes

None

P. 5GI Securities

None

Q. Short Sales

None

R. Prepayment Penalties and Acceleration Fees

None

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income

- A. Investment income due and accrued with amounts greater than 90 days past due are excluded from surplus.

NOTES TO FINANCIAL STATEMENTS

B. The total amount excluded was \$0.

8. Derivative Instruments

None

9. Income Tax

The 12/31/18 and 12/31/17 balances and related disclosures are calculated and presented pursuant to SSAP 101

A. Components of deferred tax assets (DTAs) and deferred tax liabilities (DTLs):

| (1) DTA/DTL Components   |             | 2018    |             |             | 2017    |             |             | Change  |             |
|--|-------------|---------|-------------|-------------|---------|-------------|-------------|---------|-------------|
| Description  | Ordinary    | Capital | Total       | Ordinary    | Capital | Total       | Ordinary    | Capital | Total       |
| (a) Gross deferred tax assets                                    | 4,357,076   | 0       | 4,357,076   | 3,200,637   | 0       | 3,200,637   | 1,156,439   | 0       | 1,156,439   |
| (b) Statutory valuation allowance adjustment                     | (4,355,057) | 0       | (4,355,057) | (3,199,823) | 0       | (3,199,823) | (1,155,234) | 0       | (1,155,234) |
| (c) Adjusted gross deferred tax assets                           | 2,019       | 0       | 2,019       | 815         | 0       | 815         | 1,204       | 0       | 1,204       |
| (d) Deferred tax assets nonadmitted                              | (0)         | 0       | (0)         | 0           | 0       | 0           | (0)         | 0       | (0)         |
| (e) Net admitted deferred tax assets                             | 2,019       | 0       | 2,019       | 815         | 0       | 815         | 1,204       | 0       | 1,204       |
| (f) Deferred tax liabilities                                     | (2,019)     | 0       | (2,019)     | (815)       | 0       | (815)       | (1,204)     | 0       | (1,204)     |
| (g) Net admitted deferred tax asset/(Net deferred tax liability) | 0           | 0       | 0           | 0           | 0       | 0           | 0           | 0       | 0           |

(2) Admission calculation components:

| Description   | Ordinary | 2018<br>Capital | Total   | Ordinary | 2017<br>Capital | Total     | Ordinary | Change<br>Capital | Total     |
|---|----------|-----------------|---------|----------|-----------------|-----------|----------|-------------------|-----------|
| Admission calculation under ¶11.a.-¶11.c.                     |          |                 |         |          |                 |           |          |                   |           |
| (a) FIT recoverable by loss carryback [¶11.a.]                | 0        | 0               | 0       | 0        | 0               | 0         | 0        | 0                 | 0         |
| (b) Expected to be realized [¶11.b.] (lesser of 1. or 2.)     | 0        | 0               | 0       | 0        | 0               | 0         | 0        | 0                 | 0         |
| 1. Expected to be realized [¶11.b.i.]                         | 0        | 0               | 0       | 0        | 0               | 0         | 0        | 0                 | 0         |
| 2. Surplus limitation [¶11.b.ii.]                             | XXX      | XXX             | 982,486 | XXX      | XXX             | 1,086,353 | XXX      | XXX               | (103,867) |
| (c) DTL offset [¶11.c.]                                       | 2,019    | 0               | 2,019   | 815      | 0               | 815       | 1,204    | 0                 | 1,204     |
| (d) Total admitted under ¶¶11.a.-11.c.                        | 2,019    | 0               | 2,019   | 815      | 0               | 815       | 1,204    | 0                 | 1,204     |
| Deferred tax liabilities                                      | (2,019)  | 0               | (2,019) | (815)    | 0               | (815)     | (1,204)  | 0                 | (1,204)   |
| Net admitted deferred tax asset/liability under ¶11.a.-¶11.c. | 0        | 0               | 0       | 0        | 0               | 0         | (0)      | 0                 | (0)       |

| (3) Information used in expected to be realized calculation [¶11.b.] |           |           |
|--|-----------|-----------|
|  | 2018      | 2017      |
| (a) ExDTA ACL RBC or other ratio                                     | 329%      | 396%      |
| (b) Adjusted capital and surplus                                     | 6,549,906 | 7,124,058 |

(4) Tax planning strategies have not been used to admit DTAs.

B. Temporary differences for which DTLs have not been established:

Not applicable.

C. Current tax and change in deferred tax:

(1) Current income taxes incurred consist of the following major

| Description  | 2018     | 2017      |
|--|----------|-----------|
| (a) Current federal income tax expense                     | (56,606) | (531,674) |
| (b) Foreign taxes  | 0        | 0         |
| (c) Subtotal   | (56,606) | (531,674) |
| (d) Tax on capital gains/(losses)                          | 0        | 0         |
| (e) Utilization of capital loss carryforwards              | 0        | 0         |
| (f) Other, including prior year underaccrual (overaccrual) | (5,498)  | (379)     |
| (g) Federal and foreign income taxes incurred              | (62,104) | (532,053) |

The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities are as follows:

| (2) DTAs Resulting From Book/Tax Differences In | December 31, 2018 | December 31, 2017 | Change    |
|---|-------------------|-------------------|-----------|
| (a) Ordinary                                    |                   |                   |           |
| (1) Discounting of unpaid losses and LAE        | 2,600             | 1,846             | 754       |
| (2) Unearned premiums                           | 0                 | 0                 | 0         |
| (3) Policyholder reserves                       | 0                 | 0                 | 0         |
| (4) Investments                                 | 0                 | 0                 | 0         |
| (5) Deferred acquisition costs                  | 0                 | 0                 | 0         |
| (6) Policyholder dividends accrued              | 0                 | 0                 | 0         |
| (7) Fixed assets                                | 0                 | 0                 | 0         |
| (8) Accrued Expenses                            | 1,285,109         | 0                 | 1,285,109 |
| (9) Pension accruals                            | 0                 | 0                 | 0         |
| (10) Nonadmitted assets                         | 342,066           | 16,308            | 325,758   |
| (11) Net operating loss carryforward            | 0                 | 0                 | 0         |
| (12) Tax credit carryforward                    | 0                 | 0                 | 0         |
| (13) Goodwill & Intangible Amortization         | 2,727,300         | 2,958,036         | (230,736) |
| (14) Premium deficiency reserve                 | 0                 | 224,447           | (224,447) |

NOTES TO FINANCIAL STATEMENTS

|   |                              |                              |                |
|---|------------------------------|------------------------------|----------------|
| (99) Gross ordinary DTAs                                    | 4,357,076                    | 3,200,637                    | 1,156,439      |
| (b) Statutory valuation adjustment adjustment - ordinary    | (4,355,057)                  | (3,199,823)                  | (1,155,234)    |
| (c) Nonadmitted ordinary DTAs (-)                           | <u>(0)</u>                   | <u>0</u>                     | <u>(0)</u>     |
| (d) Admitted ordinary DTAs                                  | <u>2,019</u>                 | <u>815</u>                   | <u>1,204</u>   |
| (e) Capital   |                              |                              |                |
| (1) Investments   | 0                            | 0                            | 0              |
| (2) Net capital loss carryforward                           | 0                            | 0                            | 0              |
| (3) Real estate   | 0                            | 0                            | 0              |
| (4) Other (separately disclose items >5%)                   | 0                            | 0                            | 0              |
| (5) Unrealized capital losses                               | <u>0</u>                     | <u>0</u>                     | <u>0</u>       |
| (99) Gross capital DTAs                                     | 0                            | 0                            | 0              |
| (f) Statutory valuation adjustment adjustment - capital (-) | 0                            | 0                            | 0              |
| (g) Nonadmitted capital DTAs (-)                            | <u>0</u>                     | <u>0</u>                     | <u>0</u>       |
| (h) Admitted capital DTAs                                   | <u>0</u>                     | <u>0</u>                     | <u>0</u>       |
| (i) Admitted DTAs   | <u>2,019</u>                 | <u>815</u>                   | <u>1,204</u>   |
| (3) DTLs Resulting From<br>Book/Tax Differences In          | <u>December 31,<br/>2018</u> | <u>December 31,<br/>2017</u> | <u>Change</u>  |
| (a) Ordinary  |                              |                              |                |
| (1) Investments   | (38)                         | (563)                        | 525            |
| (2) Fixed assets  | 0                            | 0                            | 0              |
| (3) Deferred and uncollected premiums                       | 0                            | 0                            | 0              |
| (4) Policyholder reserves/salvage and subrogation           | (1,943)                      | 0                            | (1,943)        |
| (5) Other (separately disclose items >5%)                   | <u>(38)</u>                  | <u>(252)</u>                 | <u>214</u>     |
| (99) Ordinary DTLs  | <u>(2,019)</u>               | <u>(815)</u>                 | <u>(1,204)</u> |
| (b) Capital   |                              |                              |                |
| (1) Investments   | 0                            | 0                            | 0              |
| (2) Real estate   | 0                            | 0                            | 0              |
| (3) Other (separately disclose items >5%)                   | 0                            | 0                            | 0              |
| (4) Unrealized capital gains                                | <u>0</u>                     | <u>0</u>                     | <u>0</u>       |
| (99) Capital DTLs   | <u>0</u>                     | <u>0</u>                     | <u>0</u>       |
| (c) DTLs  | <u>(2,019)</u>               | <u>(815)</u>                 | <u>(1,204)</u> |
| (4) Net deferred tax assets/liabilities                     | <u>0</u>                     | <u>0</u>                     | <u>0</u>       |

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

|   |                    |                    |                    |
|---|--------------------|--------------------|--------------------|
|   | <u>2018</u>        | <u>2017</u>        | <u>Change</u>      |
| Total deferred tax assets   | 4,357,076          | 3,200,637          | 1,156,439          |
| Total deferred tax liabilities                                    | <u>(2,019)</u>     | <u>(815)</u>       | <u>(1,204)</u>     |
| Net deferred tax assets/liabilities                               | 4,355,057          | 3,199,823          | 1,155,234          |
| Statutory valuation allowance adjustment (*see explanation below) | <u>(4,355,057)</u> | <u>(3,199,823)</u> | <u>(1,155,234)</u> |
| Net deferred tax assets/liabilities after SVA                     | 0                  | 0                  | 0                  |
| Tax effect of unrealized gains/(losses)                           | <u>0</u>           | <u>0</u>           | <u>0</u>           |
| Change in net deferred income tax [(charge)/benefit]              | <u>0</u>           | <u>0</u>           | <u>0</u>           |

The valuation allowance adjustment to gross deferred tax assets as of December 31, 2018 and 2017 was \$4,355,057 and \$3,199,823, respectively. The net change in the total valuation allowance adjustments for the year ended December 31, 2018 was \$1,155,234.

D. Reconciliation of federal income tax rate to actual effective rate:

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

NOTES TO FINANCIAL STATEMENTS

| Description  | 2018        |             |                    | 2017        |             |                    |
|--|-------------|-------------|--------------------|-------------|-------------|--------------------|
|  | Amount      | Tax Effect  | Effective Tax Rate | Amount      | Tax Effect  | Effective Tax Rate |
| Income Before Taxes                                  | (5,085,027) | (1,067,856) | 21.00%             | 222,465     | 77,863      | 35.00%             |
| Tax-Exempt Interest                                  | 0           | 0           | 0.00%              | 0           | 0           | 0.00%              |
| Dividends Received Deduction                         | 0           | 0           | 0.00%              | 0           | 0           | 0.00%              |
| Proration  | 0           | 0           | 0.00%              | 0           | 0           | 0.00%              |
| Health Insurer Fee                                   | 856,705     | 179,908     | -3.54%             | 0           | 0           | 0.00%              |
| Meals & Entertainment, Nondeductible Expenses, Etc.  | 0           | 0           | 0.00%              | 0           | 0           | 0.00%              |
| Statutory Valuation Allowance Adjustment             | 5,501,116   | 1,155,234   | -22.72%            | (7,784,171) | (2,724,460) | -1224.67%          |
| Deferred Taxes on Nonadmitted Assets                 | (1,551,228) | (325,758)   | 6.41%              | (53,346)    | (18,671)    | -8.39%             |
| Change in Enacted Tax Rates                          | 0           | 0           | 0.00%              | 6,094,900   | 2,133,215   | 958.90%            |
| Other, Including Prior Year True-Up                  |             | (3,633)     | 0.07%              |             | 0           | 0.00%              |
| Total  |             | (62,104)    | 1.22%              |             | (532,053)   | -239.16%           |
|  |             |             |                    |             |             |                    |
| Federal Income Taxes Incurred [Expense/(Benefit)]    |             | (62,104)    | 1.22%              |             | (532,053)   | -239.16%           |
| Tax on Capital Gains/(Losses)                        |             | 0           | 0.00%              |             | 0           | 0.00%              |
| Change in Net Deferred Income Tax [Charge/(Benefit)] |             | (0)         | 0.00%              |             | 0           | 0.00%              |
| Total Statutory Income Taxes                         |             | (62,104)    | 1.22%              |             | (532,053)   | -239.16%           |

E. Carryforwards, recoverable taxes, and IRC §6603 deposits:

At December 31, 2018, the Company had no net operating loss or tax credit carryforwards available to tax purposes.

The following is income tax expense for 2016, 2017, and 2018 that is available for recoupment in the event of future net losses:

| Year  | Ordinary | Capital | Total |
|-------|----------|---------|-------|
| 2016  | N/A      | 0       | 0     |
| 2017  | 0        | 0       | 0     |
| 2018  | 0        | 0       | 0     |
| Total | 0        | 0       | 0     |

Deposits admitted under IRC § 6603: None.

F. The Company’s federal income tax return is consolidated with the following entities:

NOTES TO FINANCIAL STATEMENTS

|   |   |   |
|---|---|---|
| Absolute Total Care, Inc.                           | Envolve Dental IPA of New York, Inc.                | LBB Industries, Inc.                          |
| AcariaHealth Pharmacy #11, Inc.                     | Envolve Dental of Florida, Inc.                     | LiveHealthier, Inc.                           |
| AcariaHealth Pharmacy #12, Inc.                     | Envolve Dental of Texas, Inc.                       | Louisiana Healthcare Connections, Inc.        |
| AcariaHealth Pharmacy #13, Inc.                     | Envolve Dental, Inc.                                | LSM Holdco, Inc.                              |
| AcariaHealth Pharmacy #14, Inc.                     | Envolve Holdings, Inc.                              | Magnolia Health Plan, Inc.                    |
| AcariaHealth Pharmacy, Inc.                         | Envolve Optical, Inc.                               | Managed Health Network                        |
| AcariaHealth Solutions, Inc.                        | Envolve PeopleCare, Inc.                            | Managed Health Services Insurance Corporation |
| AcariaHealth, Inc.                                  | Envolve Pharmacy Solutions, Inc.                    | MHM Correctional Services, Inc.               |
| Access Medical Acquisition, Inc.                    | Envolve Total Vision, Inc.                          | MHM Health Professionals, Inc.                |
| Access Medical Group of Florida City, Inc.          | Envolve Vision Benefits, Inc.                       | MHM Maryland, Inc.                            |
| Access Medical Group of Hialeah, Inc.               | Envolve Vision of Florida, Inc.                     | MHM Services, Inc.                            |
| Access Medical Group of Miami, Inc.                 | Envolve Vision of Texas, Inc.                       | MHM Services of California, Inc.              |
| Access Medical Group of North Miami Beach, Inc.     | Envolve Vision, Inc.                                | MHM Solutions, Inc.                           |
| Access Medical Group of Opa-Locka, Inc.             | Envolve, Inc.                                       | MHN Global Services, Inc.                     |
| Access Medical Group of Perrine, Inc.               | FH Assurance Company                                | MHN Government Services - Guam, Inc.          |
| Access Medical Group of Tampa, Inc.                 | Forensic Health Services, Inc.                      | MHN Government Services - International, Inc. |
| Access Medical Group of Tampa II, Inc.              | Granite State Health Plan, Inc.                     | MHN Government Services - Puerto Rico, Inc.   |
| Access Medical Group of Tampa III, Inc.             | Hallmark Life Insurance Company                     | MHS Consulting International, Inc.            |
| Access Medical Group of Westchester, Inc.           | Health Net Access, Inc.                             | MHS Travel & Charter, Inc.                    |
| Agate Resources, Inc.                               | Health Net Community Solutions of Arizona, Inc.     | Nebraska Total Care, Inc.                     |
| Ambetter of North Carolina, Inc.                    | Health Net Community Solutions, Inc.                | New York Quality Healthcare Corporation       |
| Arkansas Health & Wellness Health Plan, Inc.        | Health Net Health Plan of Oregon, Inc.              | Next Door Neighbors, Inc.                     |
| Bankers Reserve Life Insurance Company of Wisconsin | Health Net Life Insurance Company                   | Novasys Health, Inc.                          |
| Bridgeway Health Solutions of Arizona, Inc.         | Health Net Life Reinsurance Company                 | Patriots Holding Co.                          |
| Buckeye Community Health Plan, Inc.                 | Health Net of Arizona Administrative Services, Inc. | Peach State Health Plan, Inc.                 |
| Buckeye Health Plan Community Solutions, Inc.       | Health Net of Arizona, Inc.                         | Pennsylvania Health & Wellness, Inc.          |
| California Health and Wellness Plan                 | Health Net of California Real Estate Holdings, Inc. | QualMed, Inc.                                 |
| CBHSP Arizona, Inc.                                 | Health Net of California, Inc.                      | RX Direct, Inc.                               |
| Celtic Group, Inc.                                  | Health Net Pharmaceutical Services                  | Salus Administrative Services, Inc.           |
| Celticare Health Plan of Massachusetts, Inc.        | Health Net Services, Inc.                           | SilverSummit Healthplan, Inc.                 |
| Cenpatico of Arizona, Inc.                          | Health Net, Inc.                                    | Sunflower State Health Plan, Inc.             |
| Centene Company of Texas, LP                        | Health Plan Real Estate Holding, Inc.               | Sunshine Health Community Solutions, Inc.     |
| Centene Corporation                                 | Healthy Missouri Holdings, Inc.                     | Sunshine State Health Plan, Inc.              |
| Centene Health Plan Holdings, Inc.                  | Healthy Washington Holdings, Inc.                   | Superior HealthPlan Community Solutions, Inc. |
| Centene Venture Company Florida                     | Home State Health Plan, Inc.                        | Superior HealthPlan, Inc.                     |
| Centene Venture Company Kansas                      | HomeScripts.com, LLC                                | Trillium Community Health Plan, Inc.          |
| Centene Venture Company Illinois                    | IlliniCare Health Plan, Inc.                        | U.S. Medical Management Holdings, Inc.        |
| Community Medical Holdings Corp.                    | Integrated Mental Health Services                   | University Health Plans, Inc.                 |
| Coordinated Care Corporation                        | Interpreta, Inc.                                    | VPA of Texas, PLLC                            |
| Coordinated Care of Washington, Inc.                | Interpreta Holdings, Inc.                           | VPA, P.C.                                     |
| Envolve - New York, Inc.                            | Iowa Total Care, Inc.                               | Western Sky Community Care, Inc.              |
| Envolve Captive Insurance Company, Inc.             | Kentucky Spirit Health Plan, Inc.                   |   |

The method of allocation among companies is subject to a written agreement whereby allocation is made primarily on a separate company basis using the percentage method pursuant to provisions of IRC Sections §1502 and §1552 and Treasury Regulations §1.1502 and §1.1552. This percentage method allocates a tax asset (i.e. intercompany receivable) for any benefit derived by the consolidated group for the member's losses or credits that offset consolidated taxable income. In accordance with the tax sharing agreement, each member shall pay to Parent or receive from the Parent the amount of tax liability or benefit reported on each member's proforma federal income tax return within 90 days of the date Parent files its consolidated federal income tax return.

G. Federal or Foreign Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

H. Repatriation Transition Tax (RTT)

Not applicable

I. Alternative Minimum Tax (AMT) Credit

Not applicable

|   |    |      |
|---|----|------|
| (1). Gross AMT Credit Recognized as:              |    |      |
| a. Current year recoverable                       | \$ | -    |
| b. Deferred tax asset (DTA)                       | \$ | -    |
| (2). Beginning Balance of AMT Credit Carryforward | \$ | -    |
| (3). Amounts Recovered                            | \$ | -    |
| (4). Adjustments                                  | \$ | -    |
| (5). Ending Balance of AMT Credit Carryforward    | \$ | -    |
| (6). Reduction for Sequestration                  |    | NONE |
| (7). Nonadmitted by Reporting Entity              | \$ | -    |
| (8). Reporting Entity Ending Balance              | \$ | -    |

NOTES TO FINANCIAL STATEMENTS

J. Global Intangible Low-Taxed Income (GILTI)

Not applicable

K. Tax Cuts and Jobs Act

On December 22, 2017, the United States enacted tax reform legislation through the Tax Cuts and Jobs Act, which significantly changes the existing U.S. tax laws, including a reduction in the corporate tax rate from 35% to 21%, as well as other changes. As a result of enactment of the legislation, the Company incurred an additional one time surplus increase (decrease) during the 4th quarter of 2017, primarily related to the remeasurement of certain deferred tax assets and liabilities. Surplus increase / (decrease) as a result of tax reform: \$(2,133,215) recorded as of December 31, 2017.

The Tax Cuts and Jobs Act of 2017 provides for a change in the methodology employed to calculate reserves for tax purposes. Beginning January 1, 2018, a higher interest rate assumption and longer payout patterns will be used to discount these reserves. In addition, companies will no longer be able to elect to use their own experience to discount reserves, but will instead be required to use the industry-based tables published by the IRS annually. The Company updated the discount rate based on available guidance and the transition resulted in an increase to deferred tax assets with a corresponding increase to deferred tax liabilities of \$2,220 at January 1, 2018, with no impact on the effective tax rate. The Company has completed its accounting of the effects of the TCJA on current and deferred income taxes.

10. Information Concerning Parent, Subsidiaries and Affiliates

A., B., C., F.

Centene Management Company LLC has provided data, claims processing, case management, care coordination, and general management services to the Company. Administrative and Medical Expenses for the year ending December 31, 2018 and December 31, 2017 included \$6,872,937 and \$5,811,476, respectively, for such services.

Envolve PeopleCare, Inc. provided nurse-line triage services and health management services to the Company. Medical expenses, for the years ended December 31, 2018 and December 31, 2017, were \$1,869 and \$16,231 respectively.

Envolve Pharmacy Solutions, Inc., provides pharmacy benefit management services to the Company. Medical and administrative expenses, for the years ended December 31, 2018 and December 31, 2017, were \$9,714,751 and \$0 respectively.

During 2018 and 2017, Centene Corporation contributed \$6,000,000 and \$0, respectively, to the surplus of the Company.

D. Included in the Company’s balance sheet as of December 31, 2018 are receivables from parent, subsidiaries and affiliates of \$3,865,141 due from Centene Corporation, Envolve Pharmacy Solutions, Inc., and Centene Management Company, LLC, which includes a \$3,500,000 capital contribution receivable.

E. Guarantees

None

G. Control Relationship

As of May 1, 2015, the Company is wholly owned by Centene Corporation.

H. Upstream Intermediate Entity

None

I. Investment in an SCA Entity

None

J. Investment in Impaired SCA Entity

None

K. Investment in Foreign Insurance Subsidiary

None

L. Investment in Downstream Noninsurance Holding Company

None

NOTES TO FINANCIAL STATEMENTS

M. All SCA Investments

None

N. Investments in Insurance SCAs

None

O. SCA Loss Tracking

None

11. Debt

None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

None

13. Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations

- 1) The Company has 100 shares authorized, 100 shares issued, and 100 shares outstanding. All shares are common shares.
- 2) The Company had no preferred stock outstanding.
- 3) No extraordinary dividends or other extraordinary distributions to shareholder until 30 days after the commissioner has received notice of the declaration thereof and has not within such period disapproved such payment. For purposes of this section, an extraordinary dividend or distribution includes any dividend or distribution of cash or other property, whose fair market value together with that of other dividends or distributions made within the preceding twelve months exceeds the greater of ten percent of such insurer’s surplus as regards to policy holders as of December 31 next preceding, or the net gain from operations of such insurer, not including realized capital gains, for the twelve-month period ended December 31. Any other provision of law to the contrary notwithstanding, an insurer may declare an extraordinary dividend or distribution which is conditional upon the commissioner’s approval thereof, and such a declaration confers no rights upon shareholders until the commissioner has approved the payment of such dividend or distribution or the commissioner has not disapproved such payment within the thirty-day period.
- 4) The Company paid no dividends for the years ended December 31, 2018 and 2017.
- 5) Within the limitation of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- 6) There were no restrictions placed on the Company’s surplus, including for whom the surplus is being held.
- 7) The Company has no advances to surplus not repaid.
- 8) The Company held no stock.
- 9) There were no changes to the balances of any special surplus from the prior year.
- 10) There were no unassigned funds (surplus) represented or reduced by cumulative unrealized gains or losses.
- 11) The Company has no surplus notes.
- 12) The Company was not involved in a quasi-reorganization.
- 13) The Company has not been involved in a quasi-reorganization in the last 10 years.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

None

B. Assessments

None

C. Gain Contingencies

None

NOTES TO FINANCIAL STATEMENTS

D. Claims Related Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits

None

E. Joint and Several Liabilities

None

F. All Other Contingencies

Various lawsuits against the Company have arisen in the course of business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company

15. Leases

None

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans

None

B. ASC Plans

None

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

As of December 31, 2018, the Company recorded a net receivable from CMS that is greater than 10% of the Company’s amounts payable from uninsured accident and health plans or \$10,000. The total balance for the Medicare Part D low-income subsidy and reinsurance subsidy is \$102,343.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

20. Fair Value Measurement

A. Assets and liabilities recorded at fair value in the statutory statement of admitted assets, liabilities and capital and surplus are categorized based upon the extent to which the fair value estimates are based upon observable or unobservable inputs.

Level inputs are as follows:

| Level input | Input definition   |
|-------------|--|
| Level I     | Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.  |
| Level II    | Inputs other than quoted prices included in Level I that are observable for the asset or liability through corroboration with market data at the measurement date. |
| Level III   | Unobservable inputs that reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.       |

NOTES TO FINANCIAL STATEMENTS

The following table summarizes fair value measurements by level at December 31, 2018 for assets and liabilities measured at fair value on a recurring basis:

| Description for each class of asset or liability | (Level 1)    | (Level 2) | (Level 3) | Net Asset<br>Value (NAV) | Total        |
|--|--------------|-----------|-----------|--------------------------|--------------|
| a. Assets at fair value                          |              |           |           |                          |              |
| Cash and Short-Term Investments                  |              |           |           |                          |              |
| Cash   | \$ (696,829) | \$ -      | \$ -      | \$ -                     | \$ (696,829) |
| Short-Term Investments                           | \$ -         | -         | -         | -                        | -            |
| Total Cash and Short-Term Investments            | \$ (696,829) | \$ -      | \$ -      | \$ -                     | \$ (696,829) |
| Perpetual Preferred stock                        |              |           |           |                          |              |
| Industrial and Misc                              | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |
| Parent, Subsidiaries and Affiliates              | -            | -         | -         | -                        | -            |
| Total Perpetual Preferred Stocks                 | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |
| Bonds  |              |           |           |                          |              |
| U.S. Governments                                 | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |
| Industrial and Misc                              | -            | -         | -         | -                        | -            |
| Hybrid Securities                                | -            | -         | -         | -                        | -            |
| Parent, Subsidiaries and Affiliates              | -            | -         | -         | -                        | -            |
| Total Bonds                                      | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |
| Common Stock                                     |              |           |           |                          |              |
| Industrial and Misc                              | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |
| Parent, Subsidiaries and Affiliates              | -            | -         | -         | -                        | -            |
| Total Common Stocks                              | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |
| Derivative assets                                |              |           |           |                          |              |
| Interest rate contracts                          | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |
| Foreign exchange contracts                       | -            | -         | -         | -                        | -            |
| Credit contracts                                 | -            | -         | -         | -                        | -            |
| Commodity futures contracts                      | -            | -         | -         | -                        | -            |
| Commodity forward contracts                      | -            | -         | -         | -                        | -            |
| Total Derivatives                                | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |
| Separate account assets                          | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |
| Total assets at fair value                       | \$ (696,829) | \$ -      | \$ -      | \$ -                     | \$ (696,829) |
| b. Liabilities at fair value                     |              |           |           |                          |              |
| Derivative liabilities                           | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |
| Total liabilities at fair value                  | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |

The following table summarizes fair value measurements by level at December 31, 2017 for assets and liabilities measured at fair value on a recurring basis:

| Description for each class of asset or liability | (Level 1)    | (Level 2) | (Level 3) | Net Asset<br>Value (NAV) | Total        |
|--|--------------|-----------|-----------|--------------------------|--------------|
| a. Assets at fair value                          |              |           |           |                          |              |
| Cash and Short-Term Investments                  |              |           |           |                          |              |
| Cash   | \$ 5,069,863 | \$ -      | \$ -      | \$ -                     | \$ 5,069,863 |
| Short-Term Investments                           | \$ -         | -         | -         | -                        | -            |
| Total Cash and Short-Term Investments            | \$ 5,069,863 | \$ -      | \$ -      | \$ -                     | \$ 5,069,863 |
| Perpetual Preferred stock                        |              |           |           |                          |              |
| Industrial and Misc                              | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |
| Parent, Subsidiaries and Affiliates              | -            | -         | -         | -                        | -            |
| Total Perpetual Preferred Stocks                 | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |
| Bonds  |              |           |           |                          |              |
| U.S. Governments                                 | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |
| Industrial and Misc                              | -            | -         | -         | -                        | -            |
| Hybrid Securities                                | -            | -         | -         | -                        | -            |
| Parent, Subsidiaries and Affiliates              | -            | -         | -         | -                        | -            |
| Total Bonds                                      | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |
| Common Stock                                     |              |           |           |                          |              |
| Industrial and Misc                              | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |
| Parent, Subsidiaries and Affiliates              | -            | -         | -         | -                        | -            |
| Total Common Stocks                              | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |
| Derivative assets                                |              |           |           |                          |              |
| Interest rate contracts                          | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |
| Foreign exchange contracts                       | -            | -         | -         | -                        | -            |
| Credit contracts                                 | -            | -         | -         | -                        | -            |
| Commodity futures contracts                      | -            | -         | -         | -                        | -            |
| Commodity forward contracts                      | -            | -         | -         | -                        | -            |
| Total Derivatives                                | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |
| Separate account assets                          | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |
| Total assets at fair value                       | \$ 5,069,863 | \$ -      | \$ -      | \$ -                     | \$ 5,069,863 |
| b. Liabilities at fair value                     |              |           |           |                          |              |
| Derivative liabilities                           | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |
| Total liabilities at fair value                  | \$ -         | \$ -      | \$ -      | \$ -                     | \$ -         |

B. None

NOTES TO FINANCIAL STATEMENTS

C. The following table summarizes the aggregate fair value measurements by level at December 31, 2018 for all financial instruments.

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | Level I      | Level II | Level III | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|--------------|----------|-----------|-----------------------|----------------------------------|
| Total Cash and               |                      |                 |              |          |           |                       |                                  |
| Short-Term Investments       | \$ (696,829)         | \$ (696,829)    | \$ (696,829) | \$ -     | \$ -      | \$ -                  | \$ -                             |
| Bonds                        | 1,101,826            | 1,099,449       | 1,101,826    | -        | -         | -                     | -                                |
| Common Stock                 | -                    | -               | -            | -        | -         | -                     | -                                |
| Perpetual Preferred Stock    | -                    | -               | -            | -        | -         | -                     | -                                |
| Mortgage Loans               | -                    | -               | -            | -        | -         | -                     | -                                |
| Total                        | \$ 404,997           | \$ 402,621      | \$ 404,997   | \$ -     | \$ -      | \$ -                  | \$ -                             |

The following table summarizes the aggregate fair value measurements by level at December 31, 2017 for all financial instruments.

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | Level I      | Level II | Level III | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|--------------|----------|-----------|-----------------------|----------------------------------|
| Total Cash and               |                      |                 |              |          |           |                       |                                  |
| Short-Term Investments       | \$ 5,069,863         | \$ 5,069,863    | \$ 5,069,863 | \$ -     | \$ -      | \$ -                  | \$ -                             |
| Bonds                        | 1,098,449            | 1,099,593       | 1,098,449    | -        | -         | -                     | -                                |
| Common Stock                 | -                    | -               | -            | -        | -         | -                     | -                                |
| Perpetual Preferred Stock    | -                    | -               | -            | -        | -         | -                     | -                                |
| Mortgage Loans               | -                    | -               | -            | -        | -         | -                     | -                                |
| Total                        | \$ 6,168,312         | \$ 6,169,457    | \$ 6,168,312 | \$ -     | \$ -      | \$ -                  | \$ -                             |

D. Aggregate Fair Value for All Financial Statements

None

E. Investments Measured Using the NAV Practical Expedient

None

21. Other Items

A. Extraordinary Items

None

B. Troubled Debt Restructuring: Debtors

None

C. Other Disclosures and Unusual Items

Assets in the amount of \$1,099,449 and \$1,099,593 at December 31, 2018 and December 31, 2017, respectively, were on deposit with government authorities or trustees as required by law.

D. Business Interruption Insurance Recoveries

None

E. State Transferable and Non-Transferable Tax Credits

None

F. Subprime Mortgage Related Risk Exposure

None

G. Retained Assets

None

H. Insurance-Linked Securities (ILS) Contracts

None

NOTES TO FINANCIAL STATEMENTS

22. Events Subsequent

Type I

None

Type II

The Company is subject to an annual fee under Section 9010 of the Affordable Care Act (ACA). This annual fee is allocated to individual health insurers based on the ratio of the amount of the entity’s net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity’s portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. During the year ended December 31, 2018, the Company recorded \$856,705 of nondeductible expense for the ACA annual health insurer fee based on net assessable premium of \$46,244,346 which was paid on October 1, 2018. The Continuing Appropriations Act, 2018 suspends the annual fee under Section 9010 of the ACA for 2019.

|  | <u>Current Year</u> | <u>Prior Year</u> |
|--|---------------------|-------------------|
| A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)? | <u>N/A</u>          |                   |
| B. ACA fee assessment payable for the upcoming year  | \$ -                | \$ 877,570        |
| C. ACA fee assessment paid   | \$ 856,705          |                   |
| D. Premium written subject to ACA 9010 assessment  | \$ -                | \$ 46,244,346     |
| E. Total Adjusted Capital before surplus adjustment  | \$ -                |                   |
| F. Total Adjusted Capital after surplus adjustment   | \$ -                |                   |
| G. Authorized Control Level  | \$ -                |                   |
| H. Would reporting the ACA assessment as of December 31, 2018, have triggered an RBC action level (YES/NO)?  | <u>N/A</u>          |                   |

23. Reinsurance

- A. Ceded Reinsurance Report
- None
- B. Uncollectible Reinsurance
- None
- C. Commutation of Ceded Reinsurance
- None
- D. Certified Reinsurance Rating Downgraded or Status Subject to Revocation
- None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A., B. C.

The Company participates in Medicare Advantage Special Needs Plans and a Medicaid-Medicare Dual Demonstration Program under contracts with Centers for Medicare and Medicaid Services and the Michigan Department of Health and Human Services.

Medicare revenue paid to the Company is subject to retroactive adjustment predicated upon membership acuity. Based on member encounter data the Company submits to CMS, the Company’s Medicare revenue is subject to adjustment for up to two years after a member’s eligibility month. Adjustments to earned premium are estimated based primarily upon members’ utilization patterns. In 2017 and 2018, the Company had net premiums related to its Medicare contracts of \$35,855,790 and \$41,051,838, respectively, representing 66% and 64% of the Company’s total net premiums in 2017 and 2018, respectively.

- D. Medical Loss Ratio Rebates Required per Public Health Service Act
- None

NOTES TO FINANCIAL STATEMENTS

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

None

25. Change in Incurred Claims and Claim Adjustment Expenses

A. Reserves for incurred claims and claim adjustment expenses as of December 31, 2017 were \$1,217,210. As of December 31, 2018, \$1,098,937 has been paid for incurred claims and claims adjustment expense attributable to insured events of prior years. Reserves remaining for prior years are now \$42,968, as a result of re-estimation of unpaid claims and claims adjustment expenses. Therefore there has been \$75,305 favorable prior-year development since December 31, 2017. The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

B. There has been no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expense.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

At December 31, 2018, the Company admitted healthcare receivables of \$433,717. These are admitted in accordance with SSAP No. 84 as they are estimated amounts related solely to actual prescriptions filled during the 3 months immediately preceding the reporting date. The amounts are estimated based on historical per script rebates and the actual number of scripts during the period.

| Quarter    | Estimated Pharmacy<br>Rebates as Reported<br>on Financial<br>Statements | Pharmacy Rebates<br>as Billed or<br>Otherwise Confirmed | Actual Rebates<br>Received Within<br>90 Days of Billing | Actual Rebates<br>Received Within 91<br>to 180 Days of<br>Billing | Actual Rebates<br>Received More<br>Than 180 Days<br>After Billing |
|------------|---|---|---|---|---|
| 12/31/2018 | \$ 433,717  | \$ 433,717  | \$ -  | \$ -  | \$ -  |
| 9/30/2018  | 462,485   | 481,394   | -   | -   | 11,433  |
| 6/30/2018  | 500,561   | 523,797   | -   | -   | 560,758   |
| 3/31/2018  | 636,397   | 512,402   | -   | -   | 512,486   |
| 12/31/2017 | \$ -  | \$ -  | \$ -  | \$ -  | \$ -  |
| 9/30/2017  | -   | -   | -   | -   | -   |
| 6/30/2017  | -   | -   | -   | -   | -   |
| 3/31/2017  | -   | -   | -   | -   | -   |
| 12/31/2016 | \$ -  | \$ -  | \$ -  | \$ -  | \$ -  |
| 9/30/2016  | -   | -   | -   | -   | -   |
| 6/30/2016  | -   | -   | -   | -   | -   |
| 3/31/2016  | -   | -   | -   | -   | -   |

B. Risk Sharing Receivables

None

29. Participating Policies

None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves

\$0
2. Date of the most recent evaluation of this liability

January 31, 2019
3. Was anticipated investment income utilized in this calculation?

Yes

31. Anticipated Salvage and Subrogation

None

NOTES TO FINANCIAL STATEMENTS

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐
- If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ☒ No ☐ N/A ☐
- 1.3

State Regulating? Michigan.....
- 1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☒ No ☐
- 1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

0001071739.....
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2017
- 3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....12/31/2012
- 3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....06/24/2014
- 3.4

By what department or departments? Michigan Department of Insurance and Financial Services.....
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ N/A ☒
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ N/A ☐
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes ☐ No ☒

4.12 renewals? Yes ☐ No ☒
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes ☐ No ☒

4.22 renewals? Yes ☐ No ☒
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒

If yes, complete and file the merger history data file with the NAIC.
- 5.2

If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---------------------|------------------------|------------------------|
| .....               |                        |                        |
| .....               |                        |                        |
| .....               |                        |                        |
| .....               |                        |                        |
| .....               |                        |                        |

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 6.2

If yes, give full information .....
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes ☐ No ☒
- 7.2

If yes,

7.21 State the percentage of foreign control .....0.0 %

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

| 1<br>Nationality | 2<br>Type of Entity |
|------------------|---------------------|
| .....            |                     |
| .....            |                     |
| .....            |                     |
| .....            |                     |
| .....            |                     |

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [ X ]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [ X ]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1              | 2                         | 3   | 4   | 5    | 6   |
|----------------|---------------------------|-----|-----|------|-----|
| Affiliate Name | Location<br>(City, State) | FRB | OCC | FDIC | SEC |
|                |                           |     |     |      |     |

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
KPMG LLP, 10 S. Broadway, Suite 900. St. Louis, MO 63102.....

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ X ]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ X ]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ X ] No [ ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Matt Kranovich, Milliman, 71 S. Wacker Drive, Chicago IL 60606.....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ X ]

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

0

\$.....

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
c. Compliance with applicable governmental laws, rules and regulations;  
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]

14.21 If the response to 14.2 is yes, provide information related to amendment(s)

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
- Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

| 1   | 2                               | 3   | 4      |
|---|---------------------------------|---|--------|
| American Bankers Association (ABA) Routing Number | Issuing or Confirming Bank Name | Circumstances That Can Trigger the Letter of Credit | Amount |
|   |                                 |   |        |
|   |                                 |   |        |
|   |                                 |   |        |

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?
- Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?
- Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?
- Yes [ X ] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....
- 20.12 To stockholders not officers \$.....
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
- 20.22 To stockholders not officers \$.....
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
- 21.22 Borrowed from others \$.....
- 21.23 Leased from others \$.....
- 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
- Yes [ ] No [ X ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
- 22.22 Amount paid as expenses \$.....
- 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- \$.....

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)
- Yes [ X ] No [ ]
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?
- Yes [ ] No [ ] NA [ X ]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
- \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.
- \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?
- Yes [ ] No [ ] NA [ X ]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
- Yes [ ] No [ ] NA [ X ]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?
- Yes [ ] No [ ] NA [ X ]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 24.103 Total payable for securities lending reported on the liability page \$.....0

GENERAL INTERROGATORIES

- 25.1

Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes ☒ No ☐
- 25.2

If yes, state the amount thereof at December 31 of the current year:

25.21

Subject to repurchase agreements

\$.....

25.22

Subject to reverse repurchase agreements

\$.....

25.23

Subject to dollar repurchase agreements

\$.....

25.24

Subject to reverse dollar repurchase agreements

\$.....

25.25

Placed under option agreements

\$.....

25.26

Letter stock or securities restricted as to sale – excluding FHLB Capital Stock

\$.....

25.27

FHLB Capital Stock

\$.....

25.28

On deposit with states

\$.....

25.29

On deposit with other regulatory bodies

\$.....1,099,449

25.30

Pledged as collateral – excluding collateral pledged to an FHLB

\$.....

25.31

Pledged as collateral to FHLB – including assets backing funding agreements

\$.....

25.32

Other

\$.....

25.3 For category (25.26) provide the following:

| 1<br>Nature of Restriction | 2<br>Description | 3<br>Amount |
|----------------------------|------------------|-------------|
| .....                      | .....            | .....       |
| .....                      | .....            | .....       |
| .....                      | .....            | .....       |
| .....                      | .....            | .....       |
| .....                      | .....            | .....       |

- 26.1

Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes ☐ No ☒
- 26.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes ☐ No ☐ N/A ☒
- 27.1

Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes ☐ No ☒
- 27.2

If yes, state the amount thereof at December 31 of the current year.

\$.....
28.

Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes ☐ No ☒

28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

| 1<br>Name of Custodian(s) | 2<br>Custodian’s Address |
|---------------------------|--------------------------|
| .....                     | .....                    |

28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

| 1<br>Name(s)         | 2<br>Location(s)  | 3<br>Complete Explanation(s)   |
|----------------------|---|--|
| JP Morgan Chase..... | Chase Manhattan Plaza, New York, New York 10005-1489..... | The only investment held is a restricted deposit under the control of the state..... |

- 28.03

Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes ☐ No ☒
- 28.04

If yes, give full and complete information relating thereto:

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>Reason |
|--------------------|--------------------|---------------------|-------------|
| .....              | .....              | .....               | .....       |
| .....              | .....              | .....               | .....       |
| .....              | .....              | .....               | .....       |

GENERAL INTERROGATORIES

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

| 1<br>Name of Firm or Individual | 2<br>Affiliation |
|---------------------------------|------------------|
| .....                           | .....            |
| .....                           | .....            |
| .....                           | .....            |

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s assets? Yes [   ] No [ X ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity’s assets? Yes [   ] No [ X ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

| 1<br>Central Registration<br>Depository Number | 2<br>Name of Firm or<br>Individual | 3<br>Legal Entity<br>Identifier (LEI) | 4<br>Registered With | 5<br>Investment Management<br>Agreement (IMA) Filed |
|--|------------------------------------|---------------------------------------|----------------------|---|
| .....  | .....                              | .....                                 | .....                | .....   |
| .....  | .....                              | .....                                 | .....                | .....   |
| .....  | .....                              | .....                                 | .....                | .....   |

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [   ] No [ X ]

29.2 If yes, complete the following schedule:

| 1<br>CUSIP #  | 2<br>Name of Mutual Fund | 3<br>Book/Adjusted Carrying Value |
|---------------|--------------------------|-----------------------------------|
| .....         | .....                    | .....                             |
| .....         | .....                    | .....                             |
| .....         | .....                    | .....                             |
| 29.2999 TOTAL |                          | 0                                 |

29.3 For each mutual fund listed in the table above, complete the following schedule:

| 1<br>Name of Mutual Fund<br>(from above table) | 2<br>Name of Significant Holding<br>of the Mutual Fund | 3<br>Amount of Mutual Fund's<br>Book/Adjusted Carrying Value<br>Attributable to the Holding | 4<br>Date of Valuation |
|--|--|---|------------------------|
| .....  | .....  | .....   | .....                  |
| .....  | .....  | .....   | .....                  |
| .....  | .....  | .....   | .....                  |

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

|                            | 1<br>Statement (Admitted)<br>Value | 2<br>Fair Value | 3<br>Excess of Statement<br>over Fair Value (-),<br>or Fair Value<br>over Statement (+) |
|----------------------------|------------------------------------|-----------------|---|
| 30.1 Bonds.....            | 1,099,449                          | 1,101,826       | 2,377   |
| 30.2 Preferred Stocks..... | 0                                  |                 | 0   |
| 30.3 Totals                | 1,099,449                          | 1,101,826       | 2,377   |

30.4 Describe the sources or methods utilized in determining the fair values:

Our primary pricing vendor is SE, provided through Clearwater. Where SE pricing is not available, we revert to Reuters, provided through Clearwater.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ X ] No [   ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker’s or custodian’s pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ X ] No [   ]

31.3 If the answer to 31.2 is no, describe the reporting entity’s process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [ X ] No [   ]

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  
a.Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
b.Issuer or obligor is current on all contracted interest and principal payments.  
c.The insurer has an actual expectation of ultimate payment of all contracted interest and principal.  
Has the reporting entity self-designated 5GI securities?

Yes [ ☐ ] No [ ☒ ]
34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
a. The security was purchased prior to January 1, 2018.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.  
Has the reporting entity self-designated PLGI securities?

Yes [ ☐ ] No [ ☒ ]

OTHER

- 35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$ .....0
- 35.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

| 1<br>Name | 2<br>Amount Paid |
|-----------|------------------|
| .....     | \$.....          |
| .....     | \$.....          |
| .....     | \$.....          |

- 36.1 Amount of payments for legal expenses, if any?

\$ .....0
- 36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

| 1<br>Name | 2<br>Amount Paid |
|-----------|------------------|
| .....     | \$.....          |
| .....     | \$.....          |
| .....     | \$.....          |

- 37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

\$ .....0
- 37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

| 1<br>Name | 2<br>Amount Paid |
|-----------|------------------|
| .....     | \$.....          |
| .....     | \$.....          |
| .....     | \$.....          |

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [ X ]
1.2 If yes, indicate premium earned on U.S. business only. \$ .....0
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... \$ .....
1.31 Reason for excluding .....
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$ .....
1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ .....0
1.6 Individual policies:
Most current three years:
1.61 Total premium earned \$ .....0
1.62 Total incurred claims \$ .....0
1.63 Number of covered lives .....0
All years prior to most current three years:
1.64 Total premium earned \$ .....0
1.65 Total incurred claims \$ .....0
1.66 Number of covered lives .....0
1.7 Group policies:
Most current three years:
1.71 Total premium earned \$ .....0
1.72 Total incurred claims \$ .....0
1.73 Number of covered lives .....0
All years prior to most current three years:
1.74 Total premium earned \$ .....0
1.75 Total incurred claims \$ .....0
1.76 Number of covered lives .....0

2. Health Test:

|     |                         | 1                  |    | 2               |
|-----|-------------------------|--------------------|----|-----------------|
|     |                         | Current Year       |    | Prior Year      |
| 2.1 | Premium Numerator       | \$ .....63,738,982 | \$ | .....54,431,057 |
| 2.2 | Premium Denominator     | \$ .....63,738,982 | \$ | .....54,312,766 |
| 2.3 | Premium Ratio (2.1/2.2) | .....1.000         |    | .....1.002      |
| 2.4 | Reserve Numerator       | \$ .....707,605    | \$ | .....2,286,006  |
| 2.5 | Reserve Denominator     | \$ .....707,605    | \$ | .....2,286,006  |
| 2.6 | Reserve Ratio (2.4/2.5) | .....1.000         |    | .....1.000      |

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [ ] No [ X ]
3.2 If yes, give particulars:
4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [ X ] No [ ]
4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] No [ X ]
5.1 Does the reporting entity have stop-loss reinsurance? Yes [ X ] No [ ]
5.2 If no, explain:
5.3 Maximum retained risk (see instructions)
5.31 Comprehensive Medical \$ .....1,250,000
5.32 Medical Only \$ .....
5.33 Medicare Supplement \$ .....
5.34 Dental and Vision \$ .....
5.35 Other Limited Benefit Plan \$ .....
5.36 Other \$ .....
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [ X ] No [ ]
7.2 If no, give details
8. Provide the following information regarding participating providers:
8.1 Number of providers at start of reporting year .....7,125
8.2 Number of providers at end of reporting year .....8,113
9.1 Does the reporting entity have business subject to premium rate guarantees? ..... Yes [ ] No [ X ]
9.2 If yes, direct premium earned:
9.21 Business with rate guarantees between 15-36 months .....
9.22 Business with rate guarantees over 36 months .....

GENERAL INTERROGATORIES  
PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [ ] No [ X ]
- 10.2 If yes:

10.21 Maximum amount payable bonuses\$.....

10.22 Amount actually paid for year bonuses\$.....

10.23 Maximum amount payable withholds\$.....

10.24 Amount actually paid for year withholds\$.....
- 11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes [ ] No [ X ]

11.13 An Individual Practice Association (IPA), or,

Yes [ ] No [ X ]

11.14 A Mixed Model (combination of above) ?

Yes [ ] No [ X ]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes [ X ] No [ ]
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.

Michigan.....
- 11.4 If yes, show the amount required.

\$.....3,987,076
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [ ] No [ X ]
- 11.6 If the amount is calculated, show the calculation
12. List service areas in which reporting entity is licensed to operate:

| 1                    |
|----------------------|
| Name of Service Area |
| Wayne County.....    |
| Macomb County.....   |
| .....                |
| .....                |
| .....                |

- 13.1 Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$.....
- 13.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers?

Yes [ ] No [ N/A ] [ X ]
- 14.2 If the answer to 14.1 is yes, please provide the following:

| 1            | 2                 | 3                        | 4              | Assets Supporting Reserve Credit |                  |       |
|--------------|-------------------|--------------------------|----------------|----------------------------------|------------------|-------|
|              |                   |                          |                | 5                                | 6                | 7     |
| Company Name | NAIC Company Code | Domiciliary Jurisdiction | Reserve Credit | Letters of Credit                | Trust Agreements | Other |
|              |                   |                          |                |                                  |                  |       |

15. Provide the following for Individual ordinary life insurance\* policies (U.S. business Only) for the current year:

15.1 Direct Premium Written (prior to reinsurance ceded)\$.....

15.2 Total incurred claims\$.....

15.3 Number of covered lives.....

| *Ordinary Life Insurance Includes   |
|---|
| Term (whether full underwriting, limited underwriting, jet issue, "short form app")       |
| Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app") |
| Variable Life (with or without Secondary Guarantee)                                       |
| Universal Life (with or without Secondary Guarantee)                                      |
| Variable Universal Life (with or without Secondary Guarantee)                             |

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? .....

Yes [ ] No [ X ]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? .....

Yes [ ] No [ X ]

FIVE - YEAR HISTORICAL DATA

|  | 1<br>2018   | 2<br>2017  | 3<br>2016   | 4<br>2015   | 5<br>2014  |
|--|-------------|------------|-------------|-------------|------------|
| <b>Balance Sheet</b> (Pages 2 and 3)   |             |            |             |             |            |
| 1. Total admitted assets (Page 2, Line 28) .....   | 10,964,356  | 11,986,815 | 10,627,096  | 11,294,039  | 8,751,127  |
| 2. Total liabilities (Page 3, Line 24) .....   | 4,414,450   | 4,862,759  | 4,085,919   | 6,280,990   | 3,873,020  |
| 3. Statutory minimum capital and surplus requirement .....   | 3,987,076   | 3,601,152  | 3,362,631   | 3,622,660   | 3,000,000  |
| 4. Total capital and surplus (Page 3, Line 33) .....   | 6,549,906   | 7,124,058  | 6,541,176   | 5,013,049   | 4,878,107  |
| <b>Income Statement</b> (Page 4)   |             |            |             |             |            |
| 5. Total revenues (Line 8) .....   | 63,738,982  | 54,312,766 | 46,875,769  | 60,547,362  | 30,723,525 |
| 6. Total medical and hospital expenses (Line 18) .....   | 54,964,576  | 48,360,719 | 41,783,022  | 55,382,356  | 25,158,547 |
| 7. Claims adjustment expenses (Line 20) .....  | 791,108     | 616,266    | 489,379     | 618,195     | 1,455,065  |
| 8. Total administrative expenses (Line 21) .....   | 14,159,969  | 5,899,991  | 6,299,694   | 6,540,437   | 4,365,196  |
| 9. Net underwriting gain (loss) (Line 24) .....  | (5,107,876) | 92,083     | (1,248,051) | (4,166,991) | (255,283)  |
| 10. Net investment gain (loss) (Line 27) .....   | 22,845      | 12,091     | 12,091      | 9,597       | 2,771      |
| 11. Total other income (Lines 28 plus 29) .....  | 0           | 0          | 0           | 84,171      | 252,512    |
| 12. Net income or (loss) (Line 32) .....   | (5,022,927) | 636,227    | (600,794)   | (3,350,756) | 0          |
| <b>Cash Flow</b> (Page 6)  |             |            |             |             |            |
| 13. Net cash from operations (Line 11).....  | (8,267,421) | 3,153,697  | (2,747,285) | (7,236,718) | 760,628    |
| <b>Risk-Based Capital Analysis</b>   |             |            |             |             |            |
| 14. Total adjusted capital.....  | 6,549,906   | 7,124,058  | 6,541,176   | 5,013,049   | 4,878,107  |
| 15. Authorized control level risk-based capital.....   | 1,993,558   | 1,800,576  | 1,680,960   | 1,811,330   | 1,268,915  |
| <b>Enrollment</b> (Exhibit 1)  |             |            |             |             |            |
| 16. Total members at end of period (Column 5, Line 7) .....  | 2,417       | 2,478      | 4,125       | 7,540       | 2,268      |
| 17. Total members months (Column 6, Line 7) .....  | 31,668      | 27,369     | 54,547      | 67,810      | 21,450     |
| <b>Operating Percentage</b> (Page 4)   |             |            |             |             |            |
| (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0   |             |            |             |             |            |
| 18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....                                  | 100.0       | 100.0      | 100.0       | 100.0       | 100.0      |
| 19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....                       | 86.2        | 89.0       | 89.1        | 91.5        | 81.9       |
| 20. Cost containment expenses .....  | 0.0         | 0.0        | 0.0         | 0.0         | 0.0        |
| 21. Other claims adjustment expenses .....   | 1.2         | 1.1        | 1.0         | 2.8         | 4.7        |
| 22. Total underwriting deductions (Line 23) .....  | 108.0       | 99.8       | 102.7       | 106.9       | 100.8      |
| 23. Total underwriting gain (loss) (Line 24) .....   | (8.0)       | 0.2        | (2.7)       | (6.9)       | (0.8)      |
| <b>Unpaid Claims Analysis</b>  |             |            |             |             |            |
| (U&I Exhibit, Part 2B)   |             |            |             |             |            |
| 24. Total claims incurred for prior years (Line 13, Col. 5) .....  | 1,141,905   | 742,519    | 3,542,389   | 2,032,257   | 1,280,159  |
| 25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)] .....                          | 1,217,210   | 670,518    | 3,363,421   | 2,079,095   | 2,024,526  |
| <b>Investments In Parent, Subsidiaries and Affiliates</b>  |             |            |             |             |            |
| 26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....   | 0           | 0          | 0           | 0           | 0          |
| 27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....                                  | 0           | 0          | 0           | 0           | 0          |
| 28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....                                     | 0           | 0          | 0           | 0           | 0          |
| 29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) ..... | 0           | 0          | 0           | 0           | 0          |
| 30. Affiliated mortgage loans on real estate .....   | 0           | 0          | 0           | 0           | 0          |
| 31. All other affiliated .....   | 0           | 0          | 0           | 0           | 0          |
| 32. Total of above Lines 26 to 31.....   | 0           | 0          | 0           | 0           | 0          |
| 33. Total investment in parent included in Lines 26 to 31 above .....                                    | 0           | 0          | 0           | 0           | 0          |

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - *Accounting Changes and Correction of Errors*?.....Yes [   ] No [   ]

If no, please explain .....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

|                      |   |     | 1                 | Direct Business Only       |                      |                    |   |  |                             |                           |                        |
|----------------------|---|-----|-------------------|----------------------------|----------------------|--------------------|---|--|-----------------------------|---------------------------|------------------------|
|                      |   |     |                   | 2                          | 3                    | 4                  | 5   | 6  | 7                           | 8                         | 9                      |
| State, Etc.          |   |     | Active Status (a) | Accident & Health Premiums | Medicare Title XVIII | Medicaid Title XIX | Federal Employees Health Benefits Plan Premiums | Life & Annuity Premiums & Other Considerations | Property/ Casualty Premiums | Total Columns 2 Through 7 | Deposit-Type Contracts |
| 1.                   | Alabama   | AL  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 2.                   | Alaska  | AK  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 3.                   | Arizona   | AZ  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 4.                   | Arkansas  | AR  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 5.                   | California  | CA  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 6.                   | Colorado  | CO  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 7.                   | Connecticut   | CT  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 8.                   | Delaware  | DE  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 9.                   | District of Columbia  | DC  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 10.                  | Florida   | FL  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 11.                  | Georgia   | GA  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 12.                  | Hawaii  | HI  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 13.                  | Idaho   | ID  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 14.                  | Illinois  | IL  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 15.                  | Indiana   | IN  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 16.                  | Iowa  | IA  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 17.                  | Kansas  | KS  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 18.                  | Kentucky  | KY  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 19.                  | Louisiana   | LA  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 20.                  | Maine   | ME  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 21.                  | Maryland  | MD  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 22.                  | Massachusetts   | MA  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 23.                  | Michigan  | MI  | L                 |                            | 63,740,249           |                    |   |  |                             | 63,740,249                | 0                      |
| 24.                  | Minnesota   | MN  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 25.                  | Mississippi   | MS  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 26.                  | Missouri  | MO  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 27.                  | Montana   | MT  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 28.                  | Nebraska  | NE  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 29.                  | Nevada  | NV  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 30.                  | New Hampshire   | NH  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 31.                  | New Jersey  | NJ  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 32.                  | New Mexico  | NM  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 33.                  | New York  | NY  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 34.                  | North Carolina  | NC  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 35.                  | North Dakota  | ND  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 36.                  | Ohio  | OH  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 37.                  | Oklahoma  | OK  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 38.                  | Oregon  | OR  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 39.                  | Pennsylvania  | PA  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 40.                  | Rhode Island  | RI  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 41.                  | South Carolina  | SC  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 42.                  | South Dakota  | SD  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 43.                  | Tennessee   | TN  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 44.                  | Texas   | TX  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 45.                  | Utah  | UT  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 46.                  | Vermont   | VT  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 47.                  | Virginia  | VA  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 48.                  | Washington  | WA  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 49.                  | West Virginia   | WV  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 50.                  | Wisconsin   | WI  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 51.                  | Wyoming   | WY  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 52.                  | American Samoa  | AS  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 53.                  | Guam  | GU  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 54.                  | Puerto Rico   | PR  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 55.                  | U.S. Virgin Islands   | VI  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 56.                  | Northern Mariana Islands                                      | MP  | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 57.                  | Canada  | CAN | N                 |                            |                      |                    |   |  |                             | 0                         | 0                      |
| 58.                  | Aggregate other alien   | OT  | XXX               | 0                          | 0                    | 0                  | 0   | 0  | 0                           | 0                         | 0                      |
| 59.                  | Subtotal  |     | XXX               | 0                          | 63,740,249           | 0                  | 0   | 0  | 0                           | 63,740,249                | 0                      |
| 60.                  | Reporting entity contributions for Employee Benefit Plans     |     | XXX               |                            |                      |                    |   |  |                             | 0                         |                        |
| 61.                  | Total (Direct Business)                                       |     | XXX               | 0                          | 63,740,249           | 0                  | 0   | 0  | 0                           | 63,740,249                | 0                      |
| DETAILS OF WRITE-INS |   |     |                   |                            |                      |                    |   |  |                             |                           |                        |
| 58001.               |   |     | XXX               |                            |                      |                    |   |  |                             |                           |                        |
| 58002.               |   |     | XXX               |                            |                      |                    |   |  |                             |                           |                        |
| 58003.               |   |     | XXX               |                            |                      |                    |   |  |                             |                           |                        |
| 58998.               | Summary of remaining write-ins for Line 58 from overflow page |     | XXX               | 0                          | 0                    | 0                  | 0   | 0  | 0                           | 0                         | 0                      |
| 58999.               | Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) |     | XXX               | 0                          | 0                    | 0                  | 0   | 0  | 0                           | 0                         | 0                      |

(a) Active Status Counts  
L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 1 R – Registered – Non-domiciled RRGs 0  
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0 Q – Qualified – Qualified or accredited reinsurer 0  
N – None of the above – Not allowed to write business in the state lines in the state 56

(b) Explanation of basis of allocation of premiums by states, etc.  
The company only has business in the state of Michigan.

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP****PART 1 - ORGANIZATIONAL CHART**

|  |            |    |       |
|--|------------|----|-------|
| Centene Corporation  | 42-1406317 | DE |       |
| Bankers Reserve Life Insurance Company of Wisconsin        | 39-0993433 | WI | 71013 |
| Health Plan Real Estate Holding, Inc (17%)                 | 46-2860967 | MO |       |
| Peach State Health Plan, Inc                               | 20-3174593 | GA | 12315 |
| Health Plan Real Estate Holding, Inc (21%)                 | 46-2860967 | MO |       |
| Iowa Total Care, Inc                                       | 46-4829006 | IA | 15713 |
| Buckeye Community Health Plan, Inc                         | 32-0045282 | OH | 11834 |
| Health Plan Real Estate Holding, Inc (13%)                 | 46-2860967 | MO |       |
| Absolute Total Care, Inc                                   | 20-5693998 | SC | 12959 |
| Health Plan Real Estate Holding, Inc (1%)                  | 46-2860967 | MO |       |
| Coordinated Care Corporation d/b/a Managed Health Services | 39-1821211 | IN | 95831 |
| Health Plan Real Estate Holding, Inc (15%)                 | 46-2860967 | MO |       |
| Healthy Washington Holdings, Inc                           | 46-5523218 | DE |       |
| Coordinated Care of Washington, Inc                        | 46-2578279 | WA | 15352 |
| Managed Health Services Insurance Corp                     | 39-1678579 | WI | 96822 |
| Health Plan Real Estate Holding, Inc (2%)                  | 46-2860967 | MO |       |
| Hallmark Life Insurance Co                                 | 86-0819817 | AZ | 60078 |
| Superior HealthPlan, Inc                                   | 74-2770542 | TX | 95647 |
| Health Plan Real Estate Holding, Inc (21%)                 | 46-2860967 | MO |       |
| Healthy Louisiana Holdings LLC                             | 27-0916294 | DE |       |
| Louisiana Healthcare Connections, Inc                      | 27-1287287 | LA | 13970 |
| Magnolia Health Plan Inc                                   | 20-8570212 | MS | 13923 |
| IlliniCare Health Plan, Inc                                | 27-2186150 | IL | 14053 |
| Health Plan Real Estate Holding, Inc (5%)                  | 46-2860967 | MO |       |
| Sunshine Health Holding LLC                                | 26-0557093 | FL |       |
| Sunshine State Health Plan, Inc                            | 20-8937577 | FL | 13148 |
| Kentucky Spirit Health Plan, Inc                           | 45-1294925 | KY | 14100 |
| Healthy Missouri Holding, Inc (95%)                        | 45-5070230 | MO |       |
| Home State Health Plan, Inc                                | 45-2798041 | MO | 14218 |
| Health Plan Real Estate Holding, Inc (5%)                  | 46-2860967 | MO |       |
| Sunflower State Health Plan, Inc                           | 45-3276702 | KS | 14345 |
| Granite State Health Plan, Inc                             | 45-4792498 | NH | 14226 |
| California Health and Wellness Plan                        | 46-0907261 | CA |       |
| Michigan Complete Health, Inc.                             | 30-0312489 | MI | 10769 |
| Western Sky Community Care, Inc.                           | 45-5583511 | NM | 16351 |
| SilverSummit Healthplan, Inc.                              | 20-4761189 | NV | 16143 |
| University Health Plans, Inc.                              | 22-3292245 | NJ |       |
| Agate Resources, Inc.                                      | 20-0483299 | OR |       |
| Trillium Community Health Plan, Inc.                       | 42-1694349 | OR | 12559 |
| Agate Properties, LLC                                      | 26-4475075 | OR |       |

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP****PART 1 - ORGANIZATIONAL CHART**

|  |            |    |       |
|--|------------|----|-------|
| Nebraska Total Care, Inc.                      | 47-5123293 | NE | 15902 |
| Pennsylvania Health & Wellness, Inc.           | 47-5340613 | PA | 16041 |
| Superior HealthPlan Community Solutions, Inc.  | 47-5664832 | TX | 15912 |
| Sunshine Health Community Solutions, Inc.      | 47-5667095 | FL | 15927 |
| Buckeye Health Plan Community Solutions, Inc.  | 47-5664342 | OH | 16112 |
| Arkansas Health & Wellness Health Plan, Inc.   | 81-1282251 | AR | 16130 |
| Arkansas Total Care Holding Company, LLC (49%) | 38-4042368 | DE |       |
| Arkansas Total Care, Inc.                      | 82-2649097 | AR | 16256 |
| Healthy Oklahoma Holdings, Inc.                | 81-2788043 | DE |       |
| Oklahoma Complete Health Inc.                  | 81-3121527 | OK |       |
| Bridgeway Health Solutions, LLC                | 20-4980875 | DE |       |
| Bridgeway Health Solutions of Arizona Inc.     | 20-4980818 | AZ | 16310 |
| Celtic Group, Inc                              | 36-2979209 | DE |       |
| Celtic Insurance Company                       | 06-0641618 | IL | 80799 |
| Ambetter of Magnolia Inc                       | 35-2525384 | MS | 15762 |
| Ambetter of Peach State Inc.                   | 36-4802632 | GA | 15729 |
| Novasys Health, Inc                            | 27-2221367 | DE |       |
| CeltiCare Health Plan Holdings LLC             | 26-4278205 | DE |       |
| CeltiCare Health Plan of Massachusetts, Inc.   | 26-4818440 | MA | 13632 |
| Centene Management Company LLC                 | 39-1864073 | WI |       |
| CMC Real Estate Co. LLC                        | 20-0057283 | DE |       |
| Centene Center LLC                             | 26-4094682 | DE |       |
| Centene Center I, LLC                          | 82-1816153 | DE |       |
| Centene Center II, LLC                         | 47-5156015 | DE |       |
| Centene Center III, LLC                        | 82-3210933 | DE |       |
| CMC Hanley, LLC                                | 46-4234827 | MO |       |
| GPT Acquisition LLC                            | 45-5431787 | DE |       |
| LSM Holdco, Inc.                               | 46-2794037 | DE |       |
| Lifeshare Management Group, LLC                | 46-2798132 | NH |       |
| Arkansas Total Care Holding Company, LLC (25%) | 38-4042368 | DE |       |
| CCTX Holdings, LLC                             | 20-2074217 | DE |       |
| Centene Company of Texas, LP (1%)              | 74-2810404 | TX |       |
| Centene Holdings, LLC                          | 20-2074277 | DE |       |
| Centene Company of Texas, LP (99%)             | 74-2810404 | TX |       |
| MHS Travel & Charter, Inc                      | 43-1795436 | WI |       |
| Health Care Enterprises, LLC                   | 46-4855483 | DE |       |
| Envolve Holdings, Inc.                         | 22-3889471 | DE |       |
| Cenpatico Behavioral Health, LLC               | 68-0461584 | CA |       |
| CBHSP Arizona, Inc                             | 86-0782736 | AZ |       |
| Cenpatico of California, Inc                   | 47-2595704 | CA |       |

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP****PART 1 - ORGANIZATIONAL CHART**

|  |            |     |       |
|--|------------|-----|-------|
| Integrated Mental Health Management, L.L.C.          | 74-2892993 | TX  |       |
| Integrated Mental Health Services                    | 74-2785494 | TX  |       |
| Cenpatco Behavioral Health of Arizona, LLC           | 20-1624120 | AZ  |       |
| Cenpatco of Arizona Inc.                             | 80-0879942 | AZ  |       |
| Envolve, Inc.  | 37-1788565 | DE  |       |
| AHA Administrative Services, LLC                     | 47-4545413 | AL  |       |
| Envolve - New York, Inc.                             | 47-3454898 | NY  |       |
| Community Care of Central Colorado, LLC              | 82-2288767 | DE  |       |
| Envolve PeopleCare, Inc.                             | 06-1476380 | DE  |       |
| LiveHealthier, Inc.                                  | 47-2516714 | DE  |       |
| Envolve Benefits Options, Inc.                       | 61-1846191 | DE  |       |
| Envolve Vision Benefits, Inc.                        | 20-4730341 | DE  |       |
| Envolve Captive Insurance Company, Inc.              | 36-4520004 | SC  |       |
| Envolve Vision of Texas, Inc.                        | 75-2592153 | TX  | 95302 |
| Envolve Vision, Inc                                  | 20-4773088 | DE  |       |
| Envolve Vision IPA of New York, Inc.                 | 83-2460878 | NY  |       |
| Envolve Vision of Florida, Inc                       | 65-0094759 | FL  |       |
| Envolve Total Vision, Inc.                           | 20-4861241 | DE  |       |
| Envolve Optical, Inc.                                | 82-2908582 | DE  |       |
| Envolve Dental, Inc.                                 | 46-2783884 | DE  |       |
| Envolve Dental of Florida, Inc.                      | 81-2969330 | FL  |       |
| Envolve Dental of Texas, Inc.                        | 81-2796896 | TX  | 16106 |
| Envolve Dental IPA of New York, Inc.                 | 83-1464482 | NY  |       |
| Envolve Pharmacy Solutions, Inc.                     | 77-0578529 | DE  |       |
| LBB Industries, Inc                                  | 76-0511700 | TX  |       |
| RX Direct, Inc                                       | 75-2612875 | TX  |       |
| Envolve Pharmacy IPA, LLC                            | 46-2307356 | NY  |       |
| Casenet LLC  | 90-0636938 | DE  |       |
| Casenet S.R.O.                                       | Foreign    | CZE |       |
| MHM Services, Inc.                                   | 82-5316510 | DE  |       |
| Centurion LLC  | 90-0766502 | DE  |       |
| Centurion of Arizona, LLC                            | 81-4228054 | AZ  |       |
| Centurion of Vermont, LLC                            | 47-1686283 | VT  |       |
| Centurion of Mississippi, LLC                        | 47-2967381 | MS  |       |
| Centurion of Tennessee, LLC                          | 30-0752651 | TN  |       |
| Centurion of Minnesota, LLC                          | 46-2717814 | MN  |       |
| Centurion Correctional Healthcare of New Mexico, LLC | 81-1161492 | NM  |       |
| Centurion of Florida, LLC                            | 81-0687470 | FL  |       |
| Centurion of Maryland, LLC                           | 81-4938030 | MD  |       |
| Centurion of Philadelphia, LLC                       | 81-5429405 | PA  |       |

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP****PART 1 - ORGANIZATIONAL CHART**

|  |            |    |
|--|------------|----|
| Centurion Detention Health Services, LLC | 82-4735175 | DE |
| Centurion of New Hampshire, LLC          | 82-4823469 | DE |
| MHM Correctional Services, LLC           | 54-1856340 | DE |
| MHM Maryland, Inc.                       | 20-2750269 | MD |
| MHM Ohio, Inc.                           | 56-2547206 | OH |
| MHM Services of California, LLC          | 51-0620904 | CA |
| MHM Solutions, LLC                       | 60-0002002 | DE |
| Forensic Health Services, LLC.           | 26-1877007 | DE |
| MHM Health Professionals, LLC            | 46-1734817 | DE |
| Specialty Therapeutic Care Holdings, LLC | 27-3617766 | DE |
| Specialty Therapeutic Care, LP (99.99%)  | 73-1698808 | TX |
| Specialty Therapeutic Care, GP, LLC      | 73-1698807 | TX |
| Specialty Therapeutic Care, LP (0.01%)   | 73-1698808 | TX |
| AcariaHealth Solutions, Inc.             | 80-0856383 | DE |
| AcariaHealth, Inc.                       | 45-2780334 | DE |
| AcariaHealth Pharmacy #14, Inc           | 27-1599047 | CA |
| AcariaHealth Pharmacy #11, Inc           | 20-8192615 | TX |
| AcariaHealth Pharmacy #12, Inc           | 27-2765424 | NY |
| AcariaHealth Pharmacy #13, Inc           | 26-0226900 | CA |
| AcariaHealth Pharmacy, Inc               | 13-4262384 | CA |
| HomeScripts.com, LLC                     | 27-3707698 | MI |
| New York Rx, Inc.                        | 20-8235695 | NY |
| Foundation Care, LLC (80%)               | 20-0873587 | MO |
| U.S. Medical Management Holdings, Inc    | 27-0275614 | DE |
| U.S. Medical Management, LLC (20%)       | 38-3153946 | DE |
| U.S. Medical Management, LLC (80%)       | 38-3153946 | DE |
| RMED, LLC                                | 31-1733889 | FL |
| IAH of Florida, LLC                      | 47-2138680 | FL |
| Heritage Home Hospice, LLC               | 51-0581762 | MI |
| Grace Hospice of Austin, LLC             | 20-2827613 | MI |
| ComfortBrook Hospice, LLC                | 20-1530070 | OH |
| Comfort Hospice of Texas, LLC            | 20-4996551 | MI |
| Grace Hospice of San Antonio, LLC        | 20-2827526 | MI |
| Grace Hospice of Grand Rapids, LLC       | 45-0679248 | MI |
| Grace Hospice of Indiana, LLC            | 45-0634905 | MI |
| Grace Hospice of Virginia, LLC           | 45-5080637 | MI |
| Comfort Hospice of Missouri, LLC         | 45-5080567 | MI |
| Grace Hospice of Wisconsin, LLC          | 46-1708834 | MI |
| Grace Hospice of Illinois, LLC           | 81-5129923 | IL |
| Seniorcorps Peninsula, LLC               | 26-4435532 | VA |

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP****PART 1 - ORGANIZATIONAL CHART**

|   |            |     |       |
|---|------------|-----|-------|
| R&C Healthcare, LLC                                 | 33-1179031 | TX  |       |
| Pinnacle Senior Care of Missouri, LLC               | 46-0861469 | MI  |       |
| Country Style Health Care, LLC                      | 03-0556422 | TX  |       |
| Phoenix Home Health Care, LLC                       | 14-1878333 | DE  |       |
| Traditional Home Health Services, LLC               | 75-2635025 | TX  |       |
| Family Nurse Care, LLC                              | 38-2751108 | MI  |       |
| Family Nurse Care II, LLC                           | 20-5108540 | MI  |       |
| Family Nurse Care of Ohio, LLC                      | 20-3920947 | MI  |       |
| Pinnacle Senior Care of Wisconsin, LLC              | 46-4229858 | WI  |       |
| Pinnacle Senior Care of Indiana, LLC                | 81-1565426 | MI  |       |
| Pinnacle Home Care, LLC                             | 76-0713516 | TX  |       |
| North Florida Health Services, Inc                  | 59-3519060 | FL  |       |
| Pinnacle Sr. Care of Kalamazoo, LLC                 | 47-1742728 | MI  |       |
| Hospice DME Company, LLC                            | 46-1734288 | MI  |       |
| Rapid Respiratory Services, LLC                     | 20-4364776 | DE  |       |
| USMM Accountable Care Network, LLC                  | 46-5730959 | DE  |       |
| USMM Accountable Care Partners, LLC                 | 46-5735993 | DE  |       |
| USMM Accountable Care Solutions, LLC                | 46-5745748 | DE  |       |
| USMM ACO, LLC                                       | 45-4165480 | MI  |       |
| USMM ACO Florida, LLC                               | 45-4157180 | MI  |       |
| USMM ACO North Texas, LLC                           | 45-4154905 | MI  |       |
| VPA, P.C.   | 38-3176990 | MI  |       |
| VPA of Texas  | 20-2386997 | MI  |       |
| Health Net, Inc.                                    | 47-5208076 | DE  |       |
| Health Net of California, Inc.                      | 95-4402957 | CA  |       |
| Health Net Life Insurance Company                   | 73-0654885 | CA  | 66141 |
| Health Net Life Reinsurance Company                 | 98-0409907 | CYM |       |
| Health Net of California Real Estate Holdings, Inc. | 54-2174069 | CA  |       |
| Managed Health Network, LLC                         | 95-4117722 | DE  |       |
| Managed Health Network                              | 95-3817988 | CA  |       |
| MHN Services, LLC                                   | 95-4146179 | CA  |       |
| Health Net Federal Services, LLC                    | 68-0214809 | DE  |       |
| MHN Government Services LLC                         | 42-1680916 | DE  |       |
| MHN Global Services, Inc.                           | 51-0589404 | DE  |       |
| MHN Government Services-Guam, Inc.                  | 90-0889803 | DE  |       |
| MHN Government Services-International, Inc.         | 90-0889825 | DE  |       |
| MHN Government Services-Puerto Rico, Inc.           | 90-0889815 | DE  |       |
| Network Providers, LLC (10%)                        | 88-0357895 | DE  |       |
| Health Net Preferred Providers, LLC                 | 61-1388903 | DE  |       |
| Health Net Veterans, LLC                            | 35-2490375 | DE  |       |

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP****PART 1 - ORGANIZATIONAL CHART**

|  |            |     |       |
|--|------------|-----|-------|
| Network Providers, LLC (90%)                               | 88-0357895 | DE  |       |
| QualMed, Inc.  | 84-1175468 | DE  |       |
| Health Net Health Plan of Oregon, Inc.                     | 93-1004034 | OR  | 95800 |
| QualMed Plans for Health of Western Pennsylvania, Inc.     | 23-2867300 | PA  |       |
| Pennsylvania Health Care Plan, Inc.                        | 25-1516632 | PA  |       |
| Health Net Services Inc.                                   | 94-3037822 | DE  |       |
| Health Net Community Solutions, Inc.                       | 54-2174068 | CA  |       |
| Health Net of Arizona, Inc.                                | 36-3097810 | AZ  | 95206 |
| Health Net of Pennsylvania, LLC                            | n/a        | PA  |       |
| QualMed Plans for Health of Pennsylvania, Inc.             | 23-2456130 | PA  |       |
| FH Assurance Company                                       | 98-0150604 | CYM |       |
| Health Net Pharmaceutical Services                         | 68-0295375 | CA  |       |
| Health Net of Arizona Administrative Services, Inc.        | 86-0660443 | AZ  |       |
| Health Net Community Solutions of Arizona, Inc.            | 81-1348826 | AZ  | 15895 |
| National Pharmacy Services Inc.                            | 84-1301249 | DE  |       |
| Integrated Pharmacy Systems, Inc. (90%)                    | 23-2789453 | PA  |       |
| Health Net Access, Inc.                                    | 46-2616037 | AZ  |       |
| MHS Consulting, International, Inc                         | 20-8630006 | DE  |       |
| PRIMEROSALUD, S.L.   | Foreign    | ESP |       |
| MH Services International Holdings (UK) Limited            | Foreign    | GBR |       |
| MH Services International (UK) Limited                     | Foreign    | GBR |       |
| Centene UK Ltd.  | Foreign    | GBR |       |
| The Practice (Group) Limited                               | Foreign    | GBR |       |
| Centene Health Plan Holdings, Inc.                         | 82-1172163 | DE  |       |
| Ambetter of North Carolina, Inc.                           | 82-5032556 | NC  | 16395 |
| Carolina Complete Health Holding Company Partnership (80%) | 82-2699483 | DE  |       |
| Carolina Complete Health, Inc.                             | 82-2699332 | NC  |       |
| New York Quality Healthcare Corporation                    | 82-3380290 | NY  |       |
| Salus Administrative Services, Inc.                        | 55-0878053 | NY  |       |
| Salus IPA, LLC   | 82-0802846 | NY  |       |
| Calibrate Acquisition Co                                   | 82-4670677 | DE  |       |
| Community Medical Holdings Corp                            | 47-4179393 | DE  |       |
| Access Medical Acquisition, Inc.                           | 46-3485489 | DE  |       |
| Access Medical Group of North Miami Beach, Inc.            | 45-3191569 | FL  |       |
| Access Medical Group of Miami, Inc.                        | 45-3191719 | FL  |       |
| Access Medical Group of Hialeah, Inc.                      | 45-3192283 | FL  |       |
| Access Medical Group of Westchester, Inc.                  | 45-3199819 | FL  |       |
| Access Medical Group of Opa-Locka, Inc.                    | 45-3505196 | FL  |       |
| Access Medical Group of Perrine, Inc.                      | 45-3192955 | FL  |       |
| Access Medical Group of Florida City, Inc.                 | 45-3192366 | FL  |       |

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

|   |            |    |       |
|---|------------|----|-------|
| Access Medical Group of Tampa, Inc.     | 82-1737078 | FL |       |
| Access Medical Group of Tampa II, Inc.  | 82-1750978 | FL |       |
| Access Medical Group of Tampa III, Inc. | 82-1773315 | FL |       |
| Interpreta Holdings, Inc. (80.1%)       | 82-4883921 | DE |       |
| Interpreta, Inc.                        | 46-5517858 | DE |       |
| Patriots Holding Co                     | 82-4581788 | DE |       |
| RxAdvance Corporation (27.83%)          |            | DE |       |
| Next Door Neighbors, LLC                | 32-2434596 | DE |       |
| Next Door Neighbors, Inc.               | 83-2381790 | DE |       |
| Centene Venture Company Michigan        | 83-2446307 | MI |       |
| Centene Venture Company Illinois        | 83-2425735 | IL | 16505 |
| Centene Venture Company Kansas          | 83-2409040 | KS |       |
| Centene Venture Company Florida         | 83-2434596 | FL |       |

# ALPHABETICAL INDEX

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## ANNUAL STATEMENT BLANK

|  |      |
|--|------|
| Analysis of Operations by Lines of Business                            | 7    |
| Assets   | 2    |
| Cash Flow  | 6    |
| Exhibit 1 – Enrollment By Product Type for Health Business Only        | 17   |
| Exhibit 2 – Accident and Health Premiums Due and Unpaid                | 18   |
| Exhibit 3 – Health Care Receivables                                    | 19   |
| Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued | 20   |
| Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus       | 21   |
| Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates       | 22   |
| Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates         | 23   |
| Exhibit 7 – Part 1 – Summary of Transactions With Providers            | 24   |
| Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries       | 24   |
| Exhibit 8 – Furniture, Equipment and Supplies Owned                    | 25   |
| Exhibit of Capital Gains (Losses)                                      | 15   |
| Exhibit of Net Investment Income                                       | 15   |
| Exhibit of Nonadmitted Assets  | 16   |
| Exhibit of Premiums, Enrollment and Utilization (State Page)           | 30   |
| Five-Year Historical Data  | 29   |
| General Interrogatories  | 27   |
| Jurat Page   | 1    |
| Liabilities, Capital and Surplus                                       | 3    |
| Notes To Financial Statements  | 26   |
| Overflow Page For Write-Ins  | 44   |
| Schedule A – Part 1  | E01  |
| Schedule A – Part 2  | E02  |
| Schedule A – Part 3  | E03  |
| Schedule A – Verification Between Years                                | SI02 |
| Schedule B – Part 1  | E04  |
| Schedule B – Part 2  | E05  |
| Schedule B – Part 3  | E06  |
| Schedule B – Verification Between Years                                | SI02 |
| Schedule BA – Part 1   | E07  |
| Schedule BA – Part 2   | E08  |
| Schedule BA – Part 3   | E09  |
| Schedule BA – Verification Between Years                               | SI03 |
| Schedule D – Part 1  | E10  |

# ALPHABETICAL INDEX

---

## ANNUAL STATEMENT BLANK (Continued)

|  |      |
|--|------|
| Schedule D – Part 1A – Section 1   | SI05 |
| Schedule D – Part 1A – Section 2   | SI08 |
| Schedule D – Part 2 – Section 1  | E11  |
| Schedule D – Part 2 – Section 2  | E12  |
| Schedule D – Part 3  | E13  |
| Schedule D – Part 4  | E14  |
| Schedule D – Part 5  | E15  |
| Schedule D – Part 6 – Section 1  | E16  |
| Schedule D – Part 6 – Section 2  | E16  |
| Schedule D – Summary By Country  | SI04 |
| Schedule D – Verification Between Years  | SI03 |
| Schedule DA – Part 1   | E17  |
| Schedule DA – Verification Between Years   | SI10 |
| Schedule DB – Part A – Section 1   | E18  |
| Schedule DB – Part A – Section 2   | E19  |
| Schedule DB – Part A – Verification Between Years  | SI11 |
| Schedule DB – Part B – Section 1   | E20  |
| Schedule DB – Part B – Section 2   | E21  |
| Schedule DB – Part B – Verification Between Years  | SI11 |
| Schedule DB – Part C – Section 1   | SI12 |
| Schedule DB – Part C – Section 2   | SI13 |
| Schedule DB – Part D – Section 1   | E22  |
| Schedule DB – Part D – Section 2   | E23  |
| Schedule DB – Verification   | SI14 |
| Schedule DL – Part 1   | E24  |
| Schedule DL – Part 2   | E25  |
| Schedule E – Part 1 – Cash   | E26  |
| Schedule E – Part 2 – Cash Equivalents   | E27  |
| Schedule E – Part 2 - Verification Between Years   | SI15 |
| Schedule E – Part 3 – Special Deposits   | E28  |
| Schedule S – Part 1 – Section 2  | 31   |
| Schedule S – Part 2  | 32   |
| Schedule S – Part 3 – Section 2  | 33   |
| Schedule S – Part 4  | 34   |
| Schedule S – Part 5  | 35   |
| Schedule S – Part 6  | 36   |
| Schedule S – Part 7  | 37   |
| Schedule T – Part 2 – Interstate Compact   | 39   |
| Schedule T – Premiums and Other Considerations   | 38   |
| Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group | 40   |
| Schedule Y– Part 1A – Detail of Insurance Holding Company System                             | 41   |
| Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates                  | 42   |
| Statement of Revenue and Expenses  | 4    |
| Summary Investment Schedule  | SI01 |

# ALPHABETICAL INDEX

**ANNUAL STATEMENT BLANK (Continued)**

|   |    |
|---|----|
| Supplemental Exhibits and Schedules Interrogatories | 43 |
| Underwriting and Investment Exhibit – Part 1        | 8  |
| Underwriting and Investment Exhibit – Part 2        | 9  |
| Underwriting and Investment Exhibit – Part 2A       | 10 |
| Underwriting and Investment Exhibit – Part 2B       | 11 |
| Underwriting and Investment Exhibit – Part 2C       | 12 |
| Underwriting and Investment Exhibit – Part 2D       | 13 |
| Underwriting and Investment Exhibit – Part 3        | 14 |

